


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000102555 1. Entity Name OST ENTERPRISES, INC.	
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Principal Place of Business 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180	Mailing Address 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0641323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A ESQ
2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR
NORTH MIAMI BEACH, FL 33180

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCA, OPHELIA A 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROCA, JUAN 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
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03/28/05-80043-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Opheleia Roca 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #