2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000106111

1. Entity Name
OSIO FLORIDA ENTERPRISE INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90259 001 ***150.00 01-27-2003 90259 002 *****8 75

COO FEOTION ENTERN MOE, INC.			01-27-2003 902	35 002 8.	13	
Principal Place of Business 5404 NW 109 COURT MIAMI FL 33178	Mailing Address 5404 NW 109 COURT MIAMI FL 33178				·	
2. Principal Place of Business 5545 NW/ 112 PATH 5545 NW 112 PATH				## 13 8 41 # 8 44 4 8 44 6 174 44		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF N	IAKING CHANGES		
City & State MIAMI FL	City & State	FL	4. FEI Number 65-1150314		oplied For ot Applicable]
. 33178 Country USA	^{Zip} 3378	Country	5. Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Regis	tered Agent		}
OSIO, FREDDY 5404 NW 109 COURT		s (P.O. Box Number is Not Acceptable)	, <u> </u>			
MIAMI FL 33178						
		City		FL Zip Cod	e	
8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida	. I am familiar with,	and accept	
Signature, typed or printed name of registered agent at	nd title if applicable, (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	State	t was to the control of the control	9. Election Campaign Financ Trust Fund Contribution.		0 May Be	-
10 OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	,
TITLE DP OSIO, FREDDY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	E034 (10/02)
NAME OSIO, TAIDE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	CR2E
TITLE NAME OSIO, JESSICA STREET ADDRESS CITY-ST-ZIP DVS OSIO, JESSICA 5404 NW 109 COURT MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with th	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Continue 440 07/0V/V Circle Co.	Change	Addition	} }

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REDUILBED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDDY OSIC

Date

305-994-7478

Daytime Phone #

NAUMORR