


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000112698

1. Entity Name
OITO FLORIDA INC.



Principal Place of Business Mailing Address

7001 N WATERWAY DR **7001 N WATERWAY DR**
105 **105**
MIAMI, FL 33155 **MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FBI Number Applied For
65-1154938 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

GOUDIE, EILEEN M
7001 N WATERWAY DR
STE 105
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDSBERGER, ELIAS
STREET ADDRESS	170 OCEAN LANE DR. APT. 904
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	LANDSBERGER, NATALIA
STREET ADDRESS	170 OCEAN LANE DR. APT. 904
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	GOUDIE, EILEEN M
STREET ADDRESS	301 SUNRISE DR. APT. 5 BW
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000006101695
 04/02/04-80025-002 150.00

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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)(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: *Eileen M Goudie* 3-8-04 305-265-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #