

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90489 013 ***150.00

DOCUMENT # P01000112698

1. Entity Name
 OITO FLORIDA INC.



Principal Place of Business 7001 N WATERWAY DR 105 MIAMI, FL 33155	Mailing Address 7001 N WATERWAY DR 105 MIAMI, FL 33155
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City, State	City & State
Zip Country	Zip Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-1154938

Apply For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDSBERGER, ELIAS			NAME			
STREET ADDRESS	170 OCEAN LANE DR. APT. 904			STREET ADDRESS			
CITY-STATE-ZIP	KEY BISCAVNE, FL 33149			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDSBERGER, NATALIA			NAME			
STREET ADDRESS	170 OCEAN LANE DR. APT. 904			STREET ADDRESS			
CITY-STATE-ZIP	KEY BISCAVNE, FL 33149			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOUDIE, EILEEN M			NAME			
STREET ADDRESS	301 SUNRISE DR. APT. 5 BW			STREET ADDRESS			
CITY-STATE-ZIP	KEY BISCAVNE, FL 33149			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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 D 4-25-05 305-265-3655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated on Page