

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000023869

1. Entity Name  
OASIS CAFE WEST INC.



FILED

04 OCT -7 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4330 NE 22ND AVE.  
FT. LAUDERDALE, FL 33308

Mailing Address  
4330 NE 22ND AVE.  
FT. LAUDERDALE, FL 33308

2. Principal Place of Business  
10035 W Sunset Strip  
Suite, Apt. #, etc.

3. Mailing Address  
10035 W Sunset Strip  
Suite, Apt. #, etc.



09222004 Chg-P CR2E034 (10/03)

City & State  
Sunrise FL  
Zip 33322 Country Browd

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Sunrise FL  
Zip 33322 Country Browd

4. FEI Number  
03-0402003  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SABARESE, THEODORE  
4330 NE 22ND AVE.  
FT. LAUDERDALE, FL 33308

## 7. Name and Address of New Registered Agent

Name MANUEL A. Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
7409 NW 84th ST  
City Tamarack 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME AMODEO, JOHN ☒ Delete  
STREET ADDRESS 100 A. BRICH ROAD, APT. 1401  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE D  
NAME SABARESE, DEANNE ☒ Delete  
STREET ADDRESS 2809 NE 24TH PLACE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D  
NAME MANUEL A. Rodriguez ☒ Add  
STREET ADDRESS 7409 NW 84th ST  
CITY-ST-ZIP Tamarack, FL

TITLE D  
NAME Salvatore Barbagiovanni ☒ Add  
STREET ADDRESS 264 NW 86th Ter  
CITY-ST-ZIP Coral Springs FL 33091

TITLE D  
NAME Miriella Barbagiovanni ☒ Add  
STREET ADDRESS 264 NW 86th Ter  
CITY-ST-ZIP Coral Springs FL 33091

TITLE D  
NAME RAFAEL Pagan ☒ Add  
STREET ADDRESS 7409 NW 84th ST  
CITY-ST-ZIP Tamarack, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-04

Date

Daytime Phone #