

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000045824

FILED
Jun 08, 2009
Secretary of State**Entity Name:** SOUTHERN OASIS LANDSCAPE, INC.**Current Principal Place of Business:**6938 NAVARRE PKY
NAVARRE, FL 32566**New Principal Place of Business:****Current Mailing Address:**7224 ALDEN CIR
NAVARRE, FL 32566**New Mailing Address:****FEI Number:** 83-0340413**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PEREZ, RAYMOND
7224 ALDEN CIR
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: PEREZ, RAYMOND
Address: 7224 ALDEN CIR
City-St-Zip: NAVARRE, FL 32566

Title: O (X) Delete
Name: NERIS, ROSA
Address: 7224 ALDEN CIR
City-St-Zip: NAVARRE, FL 32566

Title: O (X) Delete
Name: PEREZ, JUAN R SR
Address: 7224 ALDEN CIR
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND PEREZ

PRES

06/08/2009

Electronic Signature of Signing Officer or Director_____
Date