

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90046 021 ***150.00

DOCUMENT # P02000096153

1. Entity Name
OASIS SOUTH FLORIDA, INC.



Principal Place of Business
**4713 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487**

Mailing Address
**4713 SOUTH OCEAN BLVD.
799 BRICKELL PLAZA, SUITE 700
HIGHLAND BEACH, FL 33487**

34042730



2. Principal Place of Business

3. Mailing Address

4713 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004

Chg-P

CR2E034 (10/03)

City & State

City & State

HIGHLAND BEACH, FL

4. FEI Number

45-0487218

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, JONATHAN H
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131-2816**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVS
PENNA, LAWRENCE J
4713 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PENNACCHIO, JOSEPH
4713 SOUTH OCEAN BLVD.
HIGHLAND, FL 33487** ☐ Delete

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

TITLE
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TITLE
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CITY-ST-ZIP ☐ 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: **LAWRENCE J. PENNA**

President

✓04-01-04

201-851-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #