

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 036 ***150.00

DOCUMENT # P02000123905

1. Entity Name
OTSAR INVESTMENT, INC.



Principal Place of Business
2001 S. OCEAN DR.
#41
HALLANDALE, FL 33009

Mailing Address
2001 S. OCEAN DR.
#41
HALLANDALE, FL 33009

60026282



2. Principal Place of Business

1355 NE 167 ST

3. Mailing Address

1355 NE 167 ST

Suite, Apt. #, etc.

9-201

Suite, Apt. #, etc.

9-201

City & State

N. M. B FL

City & State

N. M. B FL

Zip

33162

Country

Zip

33162

Country

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number
90-0055271

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YAEISH, YEHUDA
2001 S. OCEAN DR. #41
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name

YAEISH YEHUDA

Street Address (P.O. Box Number is Not Acceptable)

1355 NE 167 ST. # 9-201

City

N. M. B

FL

Zip Code

33162

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, 2006 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 YAEISH, YEHUDA
STREET ADDRESS 2001 S. OCEAN DR., #41
CITY-ST-ZIP HALLANDALE, FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME YAEISH, YEHUDA
STREET ADDRESS 1355 NE 167 ST. # 9-201
CITY-ST-ZIP N. M. B FL 33162

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #