

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90236 007 \*\*\*158.75

DOCUMENT # P03000002448

1. Entity Name

OASIS ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

10151 DEERWOOD PK BLVD BLDG 200 S250  
JACKSONVILLE, FL 32256

Mailing Address

10151 DEERWOOD PK BLVD BLDG 200 S250  
JACKSONVILLE, FL 32256



02232005

No Chg-P

CR2E034 (10/03)

4. FEI Number

55-0813559

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BALLEW, PATTI  
STREET ADDRESS 10151 DEERWOOD PARK BLVD BUILDING 200 S250  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE STD  
NAME ROOT, MALCOLM  
STREET ADDRESS 10151 DEERWOOD PARK BLVD BUILDING 200 S250  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Patti Ballew* Patti Ballew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

(904)371-1210

Daytime Phone #