

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90016 041 ***150.00

DOCUMENT # P03000017608

1. Entity Name
ODED PROVISOIR DESIGN, INC.



Principal Place of Business
**451 IVES DAIRY RD.
A-401
MIAMI, FL 33179**

Mailing Address
**451 IVES DAIRY RD.
A-401
MIAMI, FL 33179**

50060810



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07282005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-1177951

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**PROVISOR, ODED
2537 NE 135TH ST
NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PROVISOR, ODED**
STREET ADDRESS **451 IVES DAIRY RD., A401**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **ODED PROVISOIR** 8/5/05 305-999-9036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

57060810
P03 000017608

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com / britoandbrito@aol.com

August 5, 2005

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Re: Oded Provisor Design, Inc.
451 Ives Dairy Road
Miami, Fl 33179
Fein#65-1177951

To Whom It May Concern:

This Letter is to abate all penalties to the above mentioned tax payer. Please be aware that this tax payer never received the Annual Report for Oded Provisor Design, Inc. An apology for any confusion I have caused.

Attached is the payment of \$150.00 Please apply to my 2005 Annual Report.

Please note that the above taxpayer is our client and if you have any question please feel free to contact us.

Sincerely,



George Brito
Accountant