2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2004 8:00 am
Secretary of State
03-04-2004 90011 038 ***150.00

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01162004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000028273

1. Entity Name
OASIS FOODS, INC.

Principal Place of Business	Mailing Address
7238 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	7238 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-069 0044 ☐ Applied For ☐ Not Applicable

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
SOLANO, ROBERT L 11229 E. RIVERVIEW DR. RIVERVIEW, FL 33569	Name: Thomas Reilly Street Address (P.O. Box Number is Not Acceptable): 7238 Alafia Ridge Loop City: Riverview FL Zip Code: 33569

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: Thomas Reilly Thomas Reilly 2/16/04
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	PD SOLANO, ROBERT L 11229 E, RIVERVIEW DR. RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Thomas Reilly 7238 Alafia Ridge Loop Riverview, FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CANNON, THOMAS 7238 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RILEY, THOMS 7238 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Thomas Reilly Thomas Reilly 2/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #