2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000041761

1. Entity Name
OSA OVERSEAS, INC.

50037229

Principal Place of Business	Mailing Address
104 CRANDON BLVD SUITE 406 KEY BISCAYNE, FL 33149	104 CRANDON BLVD SUITE 406 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

03052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 06-1689082	Applied For
	Not Applicable

5. Certificate of Status Desired ☑ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIR STE 711
CORAL GABLES, FL 33134

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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	AULAR, LUIS
STREET ADDRESS	201 ALHAMBRA CIR STE 711
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _(signed)_ LUIS AVLAR 04/14/05 305-3659083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #