

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067793

FILED
Apr 27, 2005
Secretary of State

Entity Name: O.A.R. PROFESSIONAL & SERVICES CORP

Current Principal Place of Business:

16300 NE 19TH AVE.
SUITE 229
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

20533 BISCAYNE BLVD
SUITE 4-241
AVENTURA, FL 33180 US

Current Mailing Address:

16300 NE 19TH AVE.
SUITE 229
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

20533 BISCAYNE BLVD
SUITE 4-241
AVENTURA, FL 33180 US

FEI Number: 20-0049227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, ELSI
16300 NE 19TH AVE.
229
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

VARELA, ALBA
20533 BISCAYNE BLVD
SUITE 4-241
AVENTURA, FL 33180 US

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.

SIGNATURE: ALBA VARELA

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARELA, ALBA E
Address: 20533 BISCAYNE BLVD., #4-241
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA VARELA

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date