


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2005 90061 023 \*\*\*150.00

<b>DOCUMENT # P03000081350</b> 1. Entity Name <b>OASIS BUILDING MAINTENANCE, INC.</b>					
Principal Place of Business <b>17303 SW 142ND PLACE MIAMI, FL 33177</b>			Mailing Address <b>17303 SW 142ND PLACE MIAMI, FL 33177</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0161670</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01312005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MORENO, LESTER 17303 SW 142ND PLACE MIAMI, FL 33177</b>			7. Name and Address of New Registered Agent Name <u><b>Lester Moreno</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>3128 SW 16th Street</b></u> City <u><b>MIAMI</b></u> FL      Zip Code <u><b>33145</b></u>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MORENO, LESTER</b> STREET ADDRESS <b>17303 SW 142ND PLACE</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>	TITLE <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ana Valdes</b> STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>VALDES, ANA</b> STREET ADDRESS <b>17303 SW 142ND PLACE</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LORENZO, MARIA</b> STREET ADDRESS <b>3128 SW 16 ST</b> CITY-ST-ZIP <b>MIAMI, FL 33125</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u><b>Lester Moreno</b></u> <b>LESTER LORENZO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>3/22/05 305-278-0078</b></u> <small>Date      Daytime Phone #</small>		