

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021431

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: OSMACA SERVICES CORPORATION

## Current Principal Place of Business:

5176 MILLENIA BLVD  
206  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

5176 MILLENIA BLVD  
206  
ORLANDO, FL 32839

## New Mailing Address:

PO BOX 592978  
ORLANDO, FL 32859

FEI Number: 20-0674946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CID, MARIA I  
5176 MILLENIA BLVD  
206  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

CID, MARIA I  
127 ALDEA DR.  
SEBASTIAN, FL 32958 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: MARIA I.CID

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CID, MARIA I  
Address: 5176 MILLENIA BLVD, APT. 206  
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete  
Name: CID, OSCAR  
Address: 5176 MILLENIA BLVD, APT. 206  
City-St-Zip: ORLANDO, FL 32839

Title: S ( ) Delete  
Name: CID, CAROLINA M  
Address: 5176 MILLENIA BLVD, APT 206  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIA I.CID

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date