

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021431

FILED  
Apr 27, 2009  
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:

LAKE WAY BRANCH  
2495  
ORLANDO, FL 32839

## Current Mailing Address:

PO BOX 592978  
ORLANDO, FL 32859

## New Mailing Address:

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  
127 ALDEA DR.  
SEBASTIAN, FL 32958      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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: P (X) Change ( ) Addition  
Name: CID, MARIA I  
Address: 2495 LAKE WAY BRANCH  
City-St-Zip: ORLANDO, FL 32839

Title: VP (X) Change ( ) Addition  
Name: CID, OSCAR  
Address: P.O. BOX 592978  
City-St-Zip: ORLANDO, FL 32859

Title: S (X) Change ( ) Addition  
Name: CID, CAROLINA M  
Address: P.O. BOX 592978  
City-St-Zip: ORLANDO, FL 32859

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 CID

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date