2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State

DOCUMENT # P04000084635 1. Entity Name OSVAR INVESTMENT, INC					Secretary of State			
Principal Plac	e of Rusiness	Mailing Address	·	·	7			
13380 SW 128 ST MIAMI, FL 33186		13380 SW 128 ST MIAMI, FL 33186						
Mirava, i C 3.	3100	William, 12 3310			 	BIII BABA WASA ANTA BA		
2. Principal Place of Business		3. Mailing Address		<u></u> • • • • • • • • • • • • • • • • • •				
Suite, Apt. #, etc.		Suite, Apt #, etc.			04282006	Chg-P	CR2E034 (11/05)
City & State		City & State			4. FEI Number 20-1189			Applied For Not Applicable
Zip	Country Zip C		Cour	ntry	Certificate of Status Desired			
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New R	Registered Agent	7 - = = = -
				Name	,			
OSPINA, MONICA C 13380 SW 128 ST MIAMI, FL 33186				Street Address	Address (P.O. Box Number is Not Acceptable)			
								
				City			FL Zp Co	
	named entity submits this statementions of registered agent.	t for the purpose of chang	ging its register	red office or regist	ered agent, or both	, in the State of Flo	orida. I am familiar witi	h, and accept
SIGNATURE_	Signature i typed or printed name of registered ag	ent and title if applicable	(NOTE Register	ed Agent signature requir	ed when reinstating)	<u> </u>	DATE	146
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	1 +	Campaign Fina ad Contribution.		5.00 May Be ided to Fees			
10,	·	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11
SILE	PD OSPINA MONICA C	☐ Defei	- 4	ł			☐ Change	Addition
NAME STREET ADDRESS	OSPINA, MONICA C 13380 SW 128 ST		NAA STR	eet aodress				
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RITLE	SD	☐ Delet	te IRR	£		יסט זטן זכט	Change	Addition
NAME	OSPINA, ORLANDO		NAN	-				
SIREEI AODRESS	13380 SW 128 ST MIAMI, FL 33186			EET ADDRESS Y-ST-ZIP				
"Hi	100 WH, 12 00 100	Defet					☐ Change	☐ Addition
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CITY SI-ZIP				Y-SI-ZIP				<u> </u>
NAME		☐ Detel	te Iffl NAM	1			☐ Change	Addition
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CITY ST-ZIP			cin	r-SI-ZIP				±.
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NAME			NAM					
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SIRELT ADDRESS				EET AOORESS				
THY ST ZIP				Y-SI-ZIP		- · · ·	 	<u> </u>
1 17 1 horobus	certify that the information supplied v	vith this tiling does not a	ualify for the ex	emptions contains	ed in Chapter 119.	Florida Statutes, I	I turther certify that the	information

12. Thereby certily that the information supplied with this liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certily that the information indicated on this report or supplemental report is true and accurate and triat 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: MONICO OSPINO

04.20.06 305.2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #