

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 016 ***150.00

DOCUMENT # P04000092607					
1. Entity Name: OAD GROUP, INC.					
Principal Place of Business: 481 N.W. 188 TERRACE PEMBROKE PINES, FL 33029			Mailing Address: 481 N.W. 188 TERRACE PEMBROKE PINES, FL 33029		
2. Principal Place of Business:		3. Mailing Address:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04082005 Chg-P. CR2E034 (10/03)	
4. FEH Number: 34-2001895				Applied For ☐ Not Applicable	
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required				04082005 Chg-P. CR2E034 (10/03)	
6. Name and Address of Current Registered Agent: DELGADO, ORESTES A 481 N.W. 188 TERRACE PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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 withdrawing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DELGADO, ORESTES A 481 N.W. 188 TERRACE PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 persons empowered.					
SIGNATURE: <i>Orestes A Delgado</i>			Date: 4/10/05 (954) 430-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 9238		