


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90004 001 \*\*\*150.00

<b>DOCUMENT # P04000104249</b>	
1. Entity Name O-SQUARED CONSTRUCTION GROUP, INC.	

Principal Place of Business <b>1770 WEST 84 STREET HIALEAH, FL 33014 US</b>	Mailing Address <b>1770 WEST 84 STREET HIALEAH, FL 33014 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**50063633**

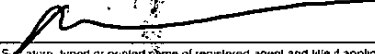


08172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SOLER, ORESTES E JR. 1770 WEST 84 STREET HIALEAH, FL 33014</b>	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <b>Michael M. Everett, C.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9655 South Dixie Highway, Third Floor</b> City <b>Miami</b> FL Zip Code <b>33156</b>	

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  DATE **8/24/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOLER, ORESTES E SR. 1770 WEST 84 STREET HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SOLER, ORESTES E SR. 1770 WEST 84 STREET HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:  DATE **8/24/05**  
Signature and typed or printed name of signing officer or director

**bss&s**

**Berenfeld, Spritzer, Shechter & Sheer**  
CERTIFIED PUBLIC ACCOUNTANTS

www.bsas-cpa.com

2012

ATTACHMENT

50063633

August 10, 2005

Department of the State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

RE: O-Squared Construction Group, Inc.  
I.D. No.: N/A  
Document No.: P04000104249

To Whom It May Concern:

The above referenced corporation has asked us to respond to your notice of Dissolution. Please be advised that the corporation relocated to a new office space. Some correspondence was never forwarded to the new address or lost in the move. Their new registered agent is Michael M. Everett, C.P.A.

We are hereby requesting that you accept the enclosed check in the amount of \$150 and abate the penalties and return the corporation's status to "active".

Thank you for your cooperation in this matter.

Very truly yours,



Michael M. Everett, C.P.A.