

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2005-90164-028-\$150.00-\$150.00

<b>DOCUMENT # P04000116493</b> 1. Entity Name <b>OSCAR HARDWARE, INC.</b>						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED</b>  <b>05 JUN -9 AM 11:58</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE</b> </div>	
Principal Place of Business <b>19 E 44TH ST HIALEAH, FL 33013</b>				Mailing Address <b>19 E 44TH ST HIALEAH, FL 33013</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>55-0879638</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, AMARILIS- 60 E 3RD ST APT 1207 HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 reinstating) DATE: _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
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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 another like empowered.							
<b>SIGNATURE:</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			