


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90104 016 ***150.00

DOCUMENT # P04000119347	
1. Entity Name OSHEY, INC.	

Principal Place of Business 595 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US	Mailing Address 595 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US
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50011311



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1501697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF HALPER & TORNBURG, P.A.
7431 W. ATLANTIC AVENUE
SUITE 49
DELRAY BEACH, FL 33446

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHMED, TARIK 400 ROME DRIVE, APT. #E-212 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMED, TARIK 400 ROME DRIVE, APT. #E-212 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA AHMED, TARIK 400 ROME DRIVE, APT. #E-212 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AHMED, TARIK 400 ROME DRIVE, APT. #E-212 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **2-30-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #