## 2006 FOR PROFIT CORPORATION

## Apr 10, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P04000156992 1. Entity Name O & G COMMUNICATION, INC. Mailing Address Principal Place of Business 1304 DOB DR 1304 DOB DR. SEFFNER, FL 33584 SEFFNER, FL 33584 04042006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1890460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OPREA, OVIDIU DO NOT WRITE 1304 DOB DR. SEFFNER, FL 33584 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME OPREA, OVIDIU STREET ADDRESS 1304 DOB DR. SEFFNER, FL 33584 CITY-ST-ZIP UQQQQQ4930**92** TITLE 04/24/06-80016-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cells; 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 it changed, or on an attachment with an address, with all other like empowered.

OVINU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

954-557-2142