2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AN
Secretary of State

| DOCUI 1. Entity Name OYH GRO | | .2 | | | 50 | ciciny of Sta |
|---|---|-------|-------------------------------|---|-------------------------|--------------------------|
| Principal Place of Business Mailing Address 6638 S.W. 112 PL 6638 S.W. 112 PL MIAMI, FL 33173 MIAMI, FL 33173 | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 01162007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 16-1713771 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent OYHENART, DANIEL 6638 S.W. 112 PL MIAMI, FL 33173 | | | DO NOT WRITE IN THIS SPACE | | | |
| 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 talls if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | .00 May Be ed to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE | ÖFFIČERS AND DIRE DPS OYHENART, DANIEL 6638 S.W. 112 PL MIAMI, FL 33173 | CTORS | | | U0000060 01/26/07-80 | 00308 0003-022 150.00 |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | NOT WR THIS SPA | |
| ITEE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | |
| 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 suppliemental report is frue 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 frusted emprovered 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 addless, with all other like empowered. SIGNATURE: SIGNATURE: Date Daytime Phone # | | | | | | |