

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000028729

1. Entity Name
OSCORP, INC.



**FILED
Aug 29, 2006 8:00 am
Secretary of State**

08-29-2006 90001 028 ***150.00

40101922



08232006 Chg-P CR2E034 (11/05)

Principal Place of Business 2825 W 76 ST - # 102 HIALEAH, FL 33018		Mailing Address 2825 W 76 ST - # 102 HIALEAH, FL 33018	
2. Principal Place of Business 3456 W 84 ST.		3. Mailing Address Same	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State	
Zip 33018	Country	Zip	Country
6. Name and Address of Current Registered Agent MARTINEZ, YENISEY 2825 W 76 ST - # 102 HIALEAH, FL 33018			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Yenisey

(NOTE: Registered Agent signature required when reinstating)

8-22-06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, YENISEY 2825 W 76 ST - # 102 HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 the 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:

Yenisey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

82206 786-306-2972
Date
Daytime Phone #