2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000043602					F	ILED			
1. Entity Name O.F.C. CORPORATION					2000 APR 3	0 PH	1:16		
Principal Place of E	Business	Mailing Address			TALLATION	YUFS	Tar.		
2655 LEJEUNE RD SUITE 507 CORAL GABLES, FL 33134		2655 LEJEUNE RD SUITE 507 CORAL GABLES, FL 33134			SEUR IAK TALLAHASS	EE, FĽ	ORIDA		
					 	46 12 11	ZIM ODMI DIDZO II	IIS AMESANA IIA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212008 Ch	ng-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number 4	3-20	81174	⊢ +−	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of Statu	s Desired		\$8.75 Add	
6	S. Name and Address of Current	Registered Agent	Name		7. Name and Addres	s of New	Registered A	gent	
FILINGS INC.					an Vicen		Orde	neta	
3732 N.W 161 FT. LAUDERD	TH STREET DALE; FL: 33311-4132		Street	455 C	(P.O. Box/Number is Not		Road,	Suck	507
			City /	-	1 6/1			Zio Cod	e
<u> </u>	1	111111		pra	1 Gulles	Ctata of F	FL	133	134
the obligations	ned entity submits this statement to or register id agent.	r tyle yurpgee cychangigg its r	egistered office	or registe	red agent, or both, in the	State of F	lorida. I am i	amiliar with,	and accept
SIGNATURE	WWAH	weight	·						
√ Signa	ature, typed or printed name of egistered agent :	and title if applicable. (NOTE:	Registered Agent sign.	sture required	d when roinstating)		DATE		
FILE No After May 1	(OW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5] Add	.00 May Be ded to Fees				
10.	OFFICERS AND		11.	1	ADDITIONS/CHANG	SES TO OF	FICERS AND		
TITLE P	ASCARANO, GIUSEPPE	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS 265	55 LEJEUNE RD SUITE 507		STREET ADDRESS						
	DRAL GABLES, FL 33134		CITY-ST-ZIP	<u> </u>	417171	29.	4:3:3:1	154	
TITLE VS NAME CA	ASCARANO, FELICETTA	☐ Delete	TITLE		- 4001 05/14/08-	-01009	3014	**EE00	Addition
	55 LEJEUNE RD SUITE 507		STREET ADDRESS						
CITY-ST-ZIP CO	DRAL GABLES, FL 33134		CITY-ST-ZIP						
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STREET ADDRESS) CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Ì					
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NAME		☐ Delete	NAME					- Cutulbo	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark Attendance and a market	CITY-ST-ZIP		dia Chanta and St. 11	- 0	I & code	M. Abar abar a	-(
 I nergby certify 	ly that the information/supplied wit	this filing does not quality for true and accurate and that m	The exemptions	containe	d in Chapter 119, Florid	a Statutes. nade unde	. I further cert	ity that the it	ntormation
indigated on the	inis report or supplemental report is	good and and and and	y signature shall	have the	Same legal ellect as it il	1	i Oatii, tilat i s	THE BUT OFFICE	and the second
indigated on the of the corbora on an ged or o	this report or supplier entail reports tion or the receiver a trastee empi on an attach ment vier an address, i	overed to execute this report a vith all other like empowered.	as required by Cl	have the apter 60	7, Florida Statutes; and	that my nai	me appears i	n Block 10 o	r Block 11 if
of the corpora onauged or o	this report or suppliented life pooring attorner to receive you be stee entour mattach ment your an attorner.	ered to execute this report a	as required by Cl	have the apter 60	7. Florida Statutes; and	that my nai	me appears i	n Block 10 o	r Block 11 if ' {
	ins report of supplemental reports a suppleme	ered to execute this report a	s required by Cl	have the hapter 60	7. Florida Statutes: and	108	sk/	PLB-L aytime Phone #	F 19