

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90194 002 ***150.00

DOCUMENT # P05000094946

1. Entity Name
OXFORD LAW SOLUTIONS, INC



Principal Place of Business
133 NW 78 TERRACE
MARGATE, FL 33063

Mailing Address
133 NW 78 TERRACE
MARGATE, FL 33063

2. Principal Place of Business
4420 Invenary Blvd
Suite, Apt. #, etc.

3. Mailing Address
4420 Invenary Blvd
Suite, Apt. #, etc.



04232006 Chg-P CR2E034 (11/05)

City & State
Lauderhill, FL

City & State
Lauderhill, FL

4. FEI Number
20-3090221

Applied For
Not Applicable

Zip Country
33319 Broward

Zip Country
33319 Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKSON, GARY
133 NW 78 TERRACE
MARGATE, FL 33063

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 *Gary Dickson*
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/06
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DICKSON, GARY
133 NW 78 TERRACE
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
THOMPSON, SEHAN
133 NW 78 TERRACE
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 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: *GARY DICKSON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06
Date

742-2432
954-742-2432
Daytime Phone