

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90301 042 \*\*\*158.75  
07-10-2006 90026 043 \*\*\*158.75

DOCUMENT # P05000098886

1. Entity Name  
THE OSIRIS PROPERTY CORPORATION



Principal Place of Business  
17905 CACHET ISLE DR  
TAMPA, FL 33647

Mailing Address  
17905 CACHET ISLE DR  
TAMPA, FL 33647

50021958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMON, JOSE S  
17905 CACHET ISLE DR  
TAMPA, FL 33647

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete  
NAME RAMOS, JOSE S  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE STD ☐ Delete  
NAME RAMOS, MINERVA F  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE VPD ☐ Delete  
NAME LEFFAKIS, YASMIRA  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE VPD ☐ Delete  
NAME RAMOS, NADJA  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE VP ☐ Delete  
NAME VALDES, MOISES  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE PD ☐ Delete  
NAME RAMOS, YARINEL  
STREET ADDRESS 17905 CACHET ISLE DR  
CITY-ST-ZIP TAMPA, FL 33647

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jose S. Ramos - President* 7/17/06 813-988-3175