

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3155341
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMOS, JOSE S
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	STD
NAME	RAMOS, MINERVA F
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VPD
NAME	LEFFAKIS, YASMIRA
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VPD
NAME	RAMOS, NADJA
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP
NAME	VALDES, MOISES
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	PD
NAME	RAMOS, YARINEL
STREET ADDRESS	17905 CACHET ISLE DR
CITY-ST-ZIP	TAMPA, FL 33647

U000000948090
06/02/08-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #