

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098886

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE OSIRIS PROPERTY CORPORATION

Current Principal Place of Business:

17905 CACHET ISLE DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

17905 CACHET ISLE DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-3155341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, JOSE S
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: STD () Delete
Name: RAMOS, MINERVA F
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: LEFFAKIS, YASMIRA
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: RAMOS, NADJA
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: VALDES, MOISES
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: RAMOS, YARINEL
Address: 17905 CACHET ISLE DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE S RAMOS

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date