


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90146 010 \*\*\*155.00

**DOCUMENT # P05000100509**  
 1. Entity Name  
**OSCAR ENTERPRISES GROUP, CORP**



Principal Place of Business      Mailing Address  
**8430 SW 8 ST. APT. 606-B**      **8430 SW 8 ST. APT. 606-B**  
**MIAMI FL 33144**      **MIAMI FL 33144**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**19631 SW 121 AVE**      **19631 SW 121 AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**

4. FEI Number      Applied For  
**20-3164574**      Not Applicable

Zip      Country      Zip      Country  
**33177**      **MIAMI-DADE**      **33177**      **MIAMI-DADE**

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

6. Name and Address of Current Registered Agent  
**PEREZ, OSCAR F**  
**7851 SE 105 AVENUE**  
**MIAMI FL 33173**

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: **OSCAR F PEREZ**      DATE: **04/13/2008**

**FILE NOW!!! FEE IS \$150.00**  
**After May 17, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

(NOTE: Registered Agent signature required when filing change)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, OSCAR F	
STREET ADDRESS	7480 SW 107TH AVE #4205	
CITY-ST-ZIP	MIAMI FL L3317-3	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, OSCAR F	
STREET ADDRESS	7851 SW 108 AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 attachments.

SIGNATURE: **OSCAR F PEREZ**      DATE: **04/13/2008**      DAYTIME PHONE: **786-443-5404**