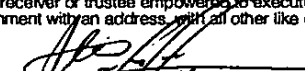


FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90061 031 ***150 00

DOCUMENT # P05000103547				Secretary of State	
1. Entity Name OASIS FARMS, INC.				02-06-2006 90061 031 ***150.00	
Principal Place of Business 3100 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974		Mailing Address 16100 SW PALOMINO STREET INDIANTOWN, FL 34956-3740			
2. Principal Place of Business		3. Mailing Address 201 NW 32nd St Apt 204			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 204		01052006 Chg-P CR2E034 (11/05)	
City & State		City & State Pompano Beach FL		4. FEI Number ☒ Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		33064	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLS, BRENDA L 3100 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974				Name JEAN, MARCELIN Street Address (P.O. Box Number is Not Acceptable) 201 NW 32nd Ct Apt 204 City Pompano Beach FL Zip Code 33064	
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 MARCELIN JEAN		(NOTE: Registered Agent signature required when reinstating)		21-27-06 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	☒ Delete	TITLE	CEO	☒ Change ☐ Addition
NAME	SIMMONS, ROBERT S		NAME	JEAN, MARCELIN	
STREET ADDRESS	P.O. BOX 1637		STREET ADDRESS	201 NW 32nd Court Apt 204	
CITY- ST- ZIP	INDIANTOWN, FL 34956		CITY- ST- ZIP	Pompano Beach, FL 3306	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	SIMMONS, BELKIS J		NAME	Joseph, Lamerchie	
STREET ADDRESS	P.O. BOX 1637		STREET ADDRESS	201 NW 32nd Court Apt 204	
CITY- ST- ZIP	INDIANTOWN, FL 34956		CITY- ST- ZIP	Pompano Beach, FL 33064	
TITLE	P	☒ Delete	TITLE	Sec/Treas	☒ Change ☐ Addition
NAME	MILLS, MICHAEL S		NAME	BUFAEINE, Frank J	
STREET ADDRESS	16100 SW PALMOMINO STREET		STREET ADDRESS	651 NW Sample Rd	
CITY- ST- ZIP	INDIANTOWN, FL 34956		CITY- ST- ZIP	Pompano Beach, FL 33064	
TITLE	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLS, BRENDA L		NAME		
STREET ADDRESS	16100 SW PALMOMINO STREET		STREET ADDRESS		
CITY- ST- ZIP	INDIANTOWN, FL 34956		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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		754-246-7224 1-27-06	
				Date Daytime Phone #	