

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 047 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000135062

1. Entity Name

OSUNA & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8000 SW 81 Dr # 405

3. Mailing Address
8000 SW 81 Dr # 405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-3665707

Applied For
Not Applicable

Zip
33143

Country
Miami-Dade

Zip
33143

Country
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Adriana Osuna

Street Address (P.O. Box Number is Not Acceptable)

8000 SW 81 Dr # 405

City
Miami,

FL

Zip Code
33143

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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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

04.26.06

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Osuna Adriana / President
8000 SW 81 Dr # 405
Miami, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 #

04.26.06

786.709.3672

CR2E034B (12/02)