FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000153421 FILED OSEITUTU HOLDINGS, INC. 06 JUN 23 PM 1:47 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE TALLAHASSEE, FLORIDA 3. Mailing Address 2. Principal Place of Business 1200 Anastasia Avenue The same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 280 City & State Applied For City & State 22-3918426 Coral Gables, Florida Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 Fee Required 7. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1840 Southwest 22 Street, 4th Floor Zip Code 33145 City Miami 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE PSTD - Antony Oseitutu 200076641862 06/27/06--01037--019 **15000. NAME NAME 1200 Anastasia Avenue, Suite 280 STREET ADDRESS STREET ADDRESS Coral Gables, FL 33134 CITY-ST-ZIP CITY-SI-ZIP TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRÉSS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THILE IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

NAME. STREET ADORESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayuma Pilora #

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STA	TE OF FLORIDA)	
)	
COU	UNTY OF MIAMI-DA	DE)	
1	Antony Coningty in	the Dresider	t of OCCUTE

- 1. Antony Oseitutu is the President of OSEITUTU HOLDINGS, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation failed to file its Annual Report or pay the Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 2.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment of its Annual Report fee and the filing of its Annual Report, which are presented simultaneously with this Affidavit.
- 4. OSEITUTU HOLDINGS, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 5. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 20 day of 5000, 2006

FURTHER, AFFIANT SAYETH NOT

OSEITUTU HOLDINGS, INC.

Antony Oseitutu President

SWORN AND SUBSCRIBED

before me this /U/day of <u>U/NU</u>

Notary Public, State of Florida at Large

Printed Name: MANA UNA 19007.

Commission Expires:_____

