

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90037 045 ***158.75

DOCUMENT # P06000002417

1. Entity Name
OPTICAL SOLUTIONS GROUP, INC.



Principal Place of Business
16250 NORTHEAST 52ND AVENUE
MIAMI, FL 33014

Mailing Address
16250 NORTHEAST 52ND AVENUE
MIAMI, FL 33014

60003830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-4268755

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180

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

Gary Chaiet

GARY CHAIET

JAN 16, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
P
RUTTER, DAVID B
16250 NORTHEAST 52ND AVENUE
MIAMI, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
RUTTER, DAVID B
16250 NORTHEAST 52ND AVENUE
MIAMI, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
RUTTER, DAVID B
16250 NORTHEAST 52ND AVENUE
MIAMI, FL 33014 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

PRESIDENT

01-16-07

305. 624. 9752

Date

Daytime Phone #