## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-18-2007 90150 040 \*\*\*150.00 DOCUMENT # P06000021754 OSCAR SERVICES CORP. գկկսս∾∼ Principal Place of Business Mailing Address 4155 SW 83RD AVE. 4155 SW 83RD AVE. MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-P CR2E034 (12/06) 4. FEI Number 20 - 435 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUENTES, OSCAR Street Address (P.O. Box Number is Not Acceptable) 4155 SW 83RD AVE. MIAMI, FL 33155 Zip Code FL 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. typed or printed name of expistered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change Addition TITLE ☐ Delete FUENTES, OSCAR NAME NAME STREET ADDRESS 4155 SW 83RD AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE Delete TITLE Change Addition MELENDEZ, RUDY NAME NAME STREET ADDRESS 4155 SW 83RD AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CHY-ST-ZIP ☐ Defete TITLE HILE Change Aggita. r 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 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 directe 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 of Block 12 of Block 13 of Block 12 of Block 13 of Block 12 of Block 12 of Block 13 of Block 12 of Block 13 of Block 12 of Block 12 of Block 13 of Block 12 of Block 13 of Block 14 of Blo changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OF THE OR DIMECTOR

☐ Delete

FILED

Addition

Change