

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

1/8

DOCUMENT # P06000111808

1. Entity Name
 LOOK YOUNGER OASIS, INC.



Principal Place of Business
 3001 QUAYSIDE LANE
 MIAMI, FL 33138

Mailing Address
 3001 QUAYSIDE LANE
 MIAMI, FL 33138

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

Stmc. Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Stmc. Apt. #, etc.

City & State

Zip

Country



01052007 Cng-P CR2E034 (12/06)

4. FEI Number
20-5478758

Applic For
 Not Applicabl

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

6. Name and Address of Current Registered Agent

LEVY, JOEL A
 3001 QUAYSIDE LANE
 MIAMI, FL 33138

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

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

NOTE: If registered agent is not principal officer or director

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	PO	<input type="checkbox"/> Delete
NAME	LEVY, JAMI L	
STREET ADDRESS	3001 QUAYSIDE LANE	
CITY- ST- ZIP	MIAMI, FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVY, JOEL A	
STREET ADDRESS	3001 QUAYSIDE LANE	
CITY- ST- ZIP	MIAMI, FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 or without other like empowered.

SIGNATURE: SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jami L Levy 1-5-2007 305 893-9985
 Date