


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90839 038 \*\*\*158.75

DOCUMENT # P06000118964  
 1. Entity Name  
**OVIEDO FINANCIAL SERVICES, INC.**



Principal Place of Business Mailing Address  
**1693 W. BROADWAY STREET** **1693 W. BROADWAY STREET**  
**OVIEDO, FL 32765** **OVIEDO, FL 32765**

**40093137**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04212007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number **20-5497436** 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**

**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNOR'S SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

Name **MIRIAM TORRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1693 W BROADWAY ST**  
 City **OVIEDO** FL Zip Code **32765**

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 *Miriam Torres* DATE 4/23/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, DANIEL 1693 W. BROADWAY STREET OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST TORRES, MIRIAM 1693 W. BROADWAY STREET OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT + DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TORRES MIRIAM</b> <b>1693 W. BROADWAY ST</b> <b>OVIEDO FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miriam Torres* DATE 4/23/07 DAYTIME PHONE # 407-977-9230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #