
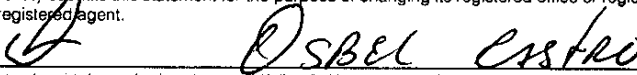
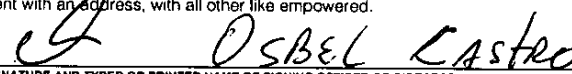


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 048 ***150.00

DOCUMENT # P07000018093					
1. Entity Name OSBEL LAND SERVICES CORP.					
Principal Place of Business 14830 NARANJA LAKE BLVD #2H HOMESTEAD, FL 33032			Mailing Address PO BOX 441581 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 11262 S.W. 3rd ST.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sweetwater, FL.			City & State		
Zip 33174		Country US		4. FEI Number 20-8415468	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTRO, OSBEL 14830 NARANJA LAKE BLVD #2H HOMESTEAD, FL 33032				7. Name and Address of New Registered Agent Name CASTRO, OSBEL Street Address (P.O. Box Number is Not Acceptable) 11262 S.W. 3rd ST. City Sweetwater FL Zip Code 33174	
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  OSBEL CASTRO 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CASTRO, OSBEL 14830 NARANJA LAKE BLVD #2H HOMESTEAD, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTRO, OSBEL 11262 S.W. 3rd ST. SWEETWATER, FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  OSBEL CASTRO			Date 4/22/08 (786) 285-7684		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		