2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078817

BORCHERT, ROSA

CLERMONT, FL 34715

10713 DARK WATER COURT

Name:

Address:

City-St-Zip:

FILED Mar 13, 2009 Secretary of State

Entity Name: OSP MANAGEMENT, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
C/O S. ALC 22585 SW MIAMI, FL	102 COURT				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
C/O S. ALC 22585 SW MIAMI, FL	102 COURT				
FEI Number:	56-2535590	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
VANETTEN, JAMES 10806 ARROWTREE BLVD. CLERMONT, FL 34715 US				ALCANTARA, SAMUEL 22585 SW 102 COURT MIAMI, FL 33190 US	
The above in the State		y submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: SAMUEL ALCANTARA				03/13/2009	
	Electr	onic Signature of Registered Age	ent	Date	
Election Can	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALCANTARA,	102ND COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BORCHERT,	WATER COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALCANTARA,	102ND COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD .	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SAMUEL ALCANTARA PD 03/13/2009