

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034043

Entity Name: OAD INC.

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10231 NW 53 ST  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10231 NW 53 ST  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 38-3812501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OCAMPO, JUAN  
6642 NW 97 LANE  
PARKLAND, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OCAMPO, JUAN  
Address: 6642 NW 97 LANE  
City-St-Zip: PARKLAND, FL 33076

Title: P  
Name: DACHARRY, MAXIMILIANO  
Address: PO BOX 490025  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: JUAN OCAMPO

PD

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date