

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000038454

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** OASIS TOWN INVESTMENT, INC.

**Current Principal Place of Business:**

1811 JEFFERSON ST UNIT 403  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1811 JEFFERSON ST UNIT 403  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 45-1954904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZALDIVAR, JUAN A  
1811 JEFFERSON ST UNIT 403  
HOLLYWOOD, FL 33020 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: DIAZ, SANTIAGO F  
Address: 1811 JEFFERSON ST UNIT 403  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: RODRIGUEZ, MARIA R  
Address: 1811 JEFFERSON ST UNIT 403  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: RODRIGUEZ, CARLA LIZ DIAZ  
Address: 1811 JEFFERSON ST UNIT 403  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: RODRIGUEZ, DIEGO PABLO D  
Address: 1811 JEFFERSON ST UNIT 403  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: RODRIGUEZ, LUZ MONICA G  
Address: 1811 JEFFERSON ST UNIT 403  
City-St-Zip: HOLLYWOOD, FL 33020

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: SANTIAGO DIAZ

PRES

04/21/2012

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

\_\_\_\_\_  
Date