2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000016963

1. Entity Name
OVERSEAS PROJECT, INC.

Principal Place of Business	Mailing Address
% 999 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134	% 999 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134

02292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0418785	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RABIN, ROBERT
7100 NORTH KENDALL DRIVE, STE 509
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	PSVP
NAME	RESTREPO, BEATRIZ
STREET ADDRESS	999 PONCE DE LEON BLVD., STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80083-004 150.00

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CITY-ST-ZIP	

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: X _Beatriz Restrepo._   X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #