

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074029 1. Entity Name O.E. SOCIETY CORP.	
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Principal Place of Business 2000 ISLAND BLVD. #501 WILLIAMS ISLAND AVENTURA, FL 33016 US	Mailing Address 2000 ISLAND BLVD. #501 WILLIAMS ISLAND AVENTURA, FL 33016 US
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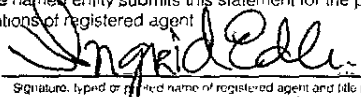
04142005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0619489	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLINAR, PEDRO M 6701 SUNSET DRIVE #100 MIAMI, FL 33143
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IN THIS SPACE**

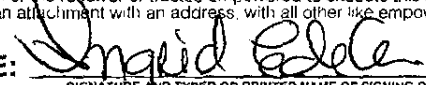
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  04.15.2005 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSSA, HERNAN M 2000 ISLAND BLVD., 501 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSSA, INGRID 2000 ISLAND BLVD., 501 AVENTURA, FL 33160
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04/18/05-80095-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  04.15.2005 305.8208425 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #