

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000074029
 1. Entity Name
 O.E. SOCIETY CORP.



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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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0619489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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]* Ossa / Ingrid ~~Marino~~ Ossa DATE: 4/26/06

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000556902
 05/17/06-80028-013 150.00

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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: *[Signature]* Hernan Marino Ossa DATE: 4/25/06 DAYTIME PHONE: 305 820 8825

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