

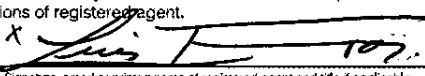
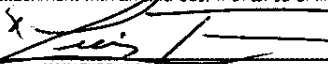


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 033 ***158.75

DOCUMENT # P95000079251 1. Entity Name EL OSO BLANCO, INC.					
Principal Place of Business 3611 W. HILLSBOROUGH TAMPA, FL 33614				Mailing Address 3611 W. HILLSBOROUGH TAMPA, FL 33614	
2. Principal Place of Business 3611 W. Hillsborough Ave.		3. Mailing Address 3611 W. Hillsborough Ave		 02012005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 22-224 & 226		Suite, Apt. #, etc. 22-224 & 226			
City & State Tampa, FL 33614		City & State Tampa, FL			
Zip Country 33614 Hillsborough		Zip Country 33614 Hillsborough			
4. FEI Number 59-3340771				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TESADA, LUIS 3611 W HILLSBOROUGH AVE TAMPA, FL 33614	
7. Name and Address of New Registered Agent Name LUIS TAVERAS Street Address (P.O. Box Number is Not Acceptable) 3611 W. Hillsborough Ave. Ste. 222, 224 and 226 City Tampa FL Zip Code 33614				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:  3-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TESADA, JUIS <input checked="" type="checkbox"/> Delete 8336 JACKSON SPRING RD TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUIS TAVERAS Ste. 3611 W. Hillsborough Ave., 222, 224 & 226 Tampa, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TESADA, DIONICIO <input checked="" type="checkbox"/> Delete 8500 NEWPORT AVE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  LUIS TAVERAS 3/4/05 (813) 317-3290 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					