

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 043 ***158.75

DOCUMENT # P96000015356	
1. Entity Name OASIS BEAUTY & SPA, INC.	

Principal Place of Business 15824 S.W. 137TH AVE. MIAMI, FL 33177	Mailing Address 15824 S.W. 137TH AVE. MIAMI, FL 33177
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50003058

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0649567

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LIZ, RAYSA 13829 SW 157 TERR MIAMI, FL 33177	
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7. Name and Address of New Registered Agent	
Name YOLANDA CORDERO	
Street Address (P.O. Box Number is Not Acceptable) 15687 SW 139 AVENUE	
City MIAMI	FL Zip Code 33177

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 remaining)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD LIZ, RAISA 15824 SW 137 AVE MIAMI, FL 33177 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	PRESIDENT / SECRETARY YOLANDA CORDERO 15687 SW 139 AVENUE MIAMI, FL 33177 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V LIZ, RAISA 15824 SW 137 AVE. MIAMI, FL 33177 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ 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 the empowered.

SIGNATURE: Yolanda Cordero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/05 Day/Time: _____