

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 020 \*\*\*150.00

**DOCUMENT # P96000075316**

1. Entity Name  
OASIS OUTSOURCING II, INC.



Principal Place of Business  
4400 N. CONGRESS AVENUE  
SUITE 250  
WEST PALM BEACH, FL 33407

Mailing Address  
4400 N. CONGRESS AVENUE  
SUITE 250  
WEST PALM BEACH, FL 33407

**50003438**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0693249

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MOYETTE, TERRY  
4400 N CONGRESS AVE #250  
WEST PALM BEACH, FL 33407

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HANEMANN, CHARLES  
STREET ADDRESS 1001 BRICKELL BAY DR 27TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D  
NAME MNAYMNEH, SAMI  
STREET ADDRESS 1001 BRICKELL BAY DR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE DTC  
NAME MAYOTTE, TERRY P  
STREET ADDRESS 4400 N CONGRESS AVE #250  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE S  
NAME MELVIN, STEPHEN  
STREET ADDRESS 4400 N CONGRESS AVE #250  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE VPD  
NAME ROSEN, RICK  
STREET ADDRESS 1001 BRICKELL BAY DR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05

Date

541-227-6500

Daytime Phone #