

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90100 023 ***150.00

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1. Entity Name
OASIS OUTSOURCING HOLDINGS, INC.



Principal Place of Business
**4400 N. CONGRESS AVE
250
WEST PALM BEACH, FL 33407**

Mailing Address
**4400 N. CONGRESS AVE
250
WEST PALM BEACH, FL 33407**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0731524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE WACKENHUT CORP., ATTN: LEGAL DEPT
4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410-4243**

**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, 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	DVAS ROSEN, RICK 1001 BRICKELL BAY DR. 27 FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMI, MNAYMNEH 1001 BRICKELL BAY DR. 27TH FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFD MAYOTTE, TERRANCE A 4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENEMANN, CHARLES J 1001 BRICKELL BAY DR. 27FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, STEPHEN 4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSM VIOLA, MIKE 4400 NORTH CONGRESS AVE SUITE 250 WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Mayotte

1-10-06

Date

561-227-6500

Daytime Phone #