


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2005 90003 013 ***150.00

DOCUMENT # P97000003970					
1. Entity Name OASIS STAFFING, INC.					
Principal Place of Business 4400 N CONGRESS AVE., #250 WEST PALM BEACH, FL 33407			Mailing Address 4400 N CONGRESS AVE., #250 SUITE 100 WEST PALM BEACH, FL 33407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0731520	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OASIS OUTSOURCING ATTN: TERRY MAYOTTE 4400 NORTH CONGRESS AVENUE, SUITE 250 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE _____				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				City	
DATE _____				FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	HANEMANN, CHARLES L	<input type="checkbox"/> Delete	TITLE	Rick Rosen
NAME		1001 BRICKELL BAY DRIVE, 27TH FLOOR		NAME	VP Assist. Secretary & Director
STREET ADDRESS		MIAMI, FL 33131		STREET ADDRESS	1001 Brickell Bay Dr 27 th Floor
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33131
TITLE	S	MELVIN, STEPHEN	<input type="checkbox"/> Delete	TITLE	
NAME		4400 N CONGRESS AVE., #250		NAME	
STREET ADDRESS		WEST PALM BEACH, FL 33407		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	TDCO	MAYOTTE, TERRY P	<input type="checkbox"/> Delete	TITLE	
NAME		4400 N CONGRESS AVE., #250		NAME	
STREET ADDRESS		WEST PALM BEACH, FL 33407		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	MNAYMNEH, SAMI W	<input type="checkbox"/> Delete	TITLE	
NAME		1001 BRICKELL BAY DRIVE, 27TH FLOOR		NAME	
STREET ADDRESS		MIAMI, FL 33131		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Terry Mayotte</u>			Date: <u>1.12.05</u>		Daytime Phone #: <u>561.227.6500</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

50003454



01062005 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required