

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90069 046 ***158.75

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1. Entity Name
O & A INVESTMENT GROUP, INC.



Principal Place of Business

7575 W. 36 AVENUE
HIALEAH, FL 33108

Mailing Address

7575 W. 36 AVENUE
HIALEAH, FL 33108

20006640



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0744031

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A ESQ.
1 S.E. 3RD AVENUE
SUITE 960
MIAMI, FL 33131

**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 P
NAME SANCHEZ, RODOLFO
STREET ADDRESS 2990 N.W. 29TH AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE V
NAME FLORES, ORESTES
STREET ADDRESS 2990 N.W. 29TH AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE TS
NAME FLORES, JUAN A
STREET ADDRESS 2990 N.W. 29TH AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Rodolfo Sanchez

01-11-05

Date

556-1150

Daytime Phone #