

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000029355**

1. Entity Name  
OAC ACTION CONSTRUCTION CORP.



Principal Place of Business  
5935 S.W. 8 STREET  
MIAMI, FL 33144

Mailing Address  
5935 SW 8ST  
MIAMI, FL 33144



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0742185

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

CRUZ, ORLANDO  
5935 S.W. 8 STREET  
MIAMI, FL 33144

**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 \$350.00**

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	CEO CRUZ, ORLANDO SR. 21 NW 128 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CRUZ, ORLANDO JR. 21433 SW 89 PLACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, OSVALDO 11421 S.W. 33 LANE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80051-021 158.75

**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)(f), 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 or like empowered.

**SIGNATURE:** \_\_\_\_\_

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

DATE 1/18/05

Daytime Phone # \_\_\_\_\_