

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000053684

1. Entity Name
OASIS CONSULTANTS, INC.



Principal Place of Business
**100 CYPRESS CREEK ROAD #888
FORT LAUDERDALE, FL 33309**

Mailing Address
**22884 IRONWEDGE DR
BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0766887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATKIN, NATHANIAL
22884 IRONWEDGE DR
BOCA RATON, FL 33433**

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000091636
03/18/04-80016-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATKIN, NATHANIAL
STREET ADDRESS	22884 IRONWEDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	WATKIN, NATHANIEL
STREET ADDRESS	100 CYPRESS CREEK ROAD #888
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
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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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:

Nathan R. Watkin **NATHANIEL WATKIN**

3-16-04

954-267-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #