

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000073455

1. Entity Name  
O.S.I.S. ENTERPRISES, INC.



FILED  
05 APR 28 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7891 WEST FLAGLER STREET  
186  
MIAMI, FL 33144

Mailing Address  
7891 WEST FLAGLER STREET  
186  
MIAMI, FL 33144



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
57-1183020

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROMERO, ADRIAN  
7891 WEST FLAGLER STREET  
STE. 186  
MIAMI, FL 33144

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	500054201305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, ADRIAN		NAME	05/10/05--01028--003	**450.00
STREET ADDRESS	7891 WEST FLAGLER STREET STE. 186		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alfredo E. Gugliotta	
STREET ADDRESS			STREET ADDRESS	7891 West Flagler St. Ste: 186	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: X *Alfredo E. Gugliotta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 05/28/05 Daytime Phone #