### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P97000086565**

1. Entity Name

OASIS OUTSOURCING VII, INC.



Principal Place of Business

4400 N. CONGRESS AVENUE

SUITE 250

WEST PALM BEACH, FL 33407

Mailing Address

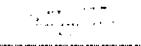
4400 N. CONGRESS AVENUE

SUITE 250

WEST PALM BEACH, FL 33407

### FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90100 007 \*\*\*150.00





01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0791369

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and Address of	Current F	Real	stered	Agent

DO NOT WRITE IN THIS SPACE

MAYOTTE, TERRY 4400 N. CONGRESS AVE. # 250

WEST PALM BEACH, FL 33407

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its regis	stered office or re	egistered agent, or both, in the S	itate of Florida. I am familiar with, and acc	cept
SIGNATURE_						
	Signature, typed or printed name of registered agent and little	f applicable. (NOTE; Regi	stered Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign F     Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MNAYMNEH, SAMI 1001 BRICKELL BAY DR. #27TH FLO MIAMI, FL 33131	OR				
TITLE	D					
NAME	HANEMANN, CHARLES					
STREET ADDRESS	1001 BRICKELL BAY DR.					
CITY-ST-ZIP	MIAMI, FL 33131		I I			

# DO NOT WRITE IN THIS SPACE

VPDA TITLE ROSEN, RICK NAME STREET ADDRESS 1001 BRICKELL BAY DR., 27TH FLOOR CITY-ST-ZIP MIAMI, FL 33131 TITLE MAYOTTE, TERRY P NAME STREET ADDRESS 4400 N. CONGRESS AVE. #250 CITY-ST-ZIP WEST PALM BEACH, FL 33407 MELVIN, STEPHEN NAME STREET ADDRESS 4400 N. CONGRESS AVE., #250 CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 our use 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 SEANING OFFICER OR DIRECTOR

1.10.00 5111.227.1500