

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-23-2006 90100 006 ***150.00

DOCUMENT # P97000086566

1. Entity Name
OASIS OUTSOURCING VIII, INC.



Principal Place of Business
4400 N CONGRESS AVE #250
WEST PALM BEACH, FL 33407

Mailing Address
4400 N CONGRESS AVE #250
WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0786774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OASIS OUTSOURCING
ATTN: TERRY MAYOTTE
4400 NORTH CONGRESS AVENUE, SUITE 250
WEST PALM BEACH, FL 33407

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAYMNEH, SAMI W
STREET ADDRESS 1001 BRICKELL BAY DR 27TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME HANEMANN, CHARLES J
STREET ADDRESS 1001 BRICKELL BAY DR 27TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE VPAS
NAME ROSEN, RICK
STREET ADDRESS 1001 BRICKELL BAY DR 27TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE TCFO
NAME MAYOTTE, TERRY P
STREET ADDRESS 4400 N CONGRESS AVE #250
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE S
NAME MELVIN, STEPHEN
STREET ADDRESS 4400 N CONGRESS AVE #250
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

1-10-06 561-237-6500

Date

Daytime Phone #