2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103358

1. Entity Name
OFFI-SOURCE, CORP.

Principal Place of Business	Mailing Address
P.O. BOX 523815 MIAMI, FL 33152-3815	P.O. BOX 523815 MIAMI, FL 33152-3815

DO NOT WRITE IN THIS SPACE

01202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0800705	Not Applicable

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

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6. Name and Address of Current Registered Agent

MOLINA, CARLA
3846 ALCANTARA AVE
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

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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 JANUARY 12 2005

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

U00000195274
01/26/05 00022-015 158.75

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10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MOLINA, CARLA MARIA
STREET ADDRESS	3846 ALCANTARA AVE
CITY-ST-ZIP	MIAMI, FL 33178

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ CARLA MOLINA   January 12 2005   877 753 6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #