

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # P98000011747

1. Entity Name

OSCAR'S CAR SOUTH BEACH, CORP.



Principal Place of Business

2655 COLLINS AVE.  
SUITE 1811  
MIAMI BEACH FL 33140

Mailing Address

2655 COLLINS AVE.  
SUITE 1811  
MIAMI BEACH FL 33140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0812697

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSMAN, MAGGY  
2655 COLLINS AVENUE  
SUITE 1811  
MIAMI BEACH FL 33140

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

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

Make Check Payable to Florida Department of State

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 PD ☐ Delete  
NAME OSMAN, MAGGY  
STREET ADDRESS 2655 COLLINS AVENUE, STE. 1811  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1000000406747  
02/07/06-80103-004 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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 Section 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:

Maggie Osmann

1.25.06 3054097039

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #