

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-31-2007 90048 008 ***150.00

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 - No P.O. Box # 2655 COLLINS AVE Suite, Apt. #, etc. 1811		3. Mailing Address 2655 COLLINS AVE Suite, Apt. #, etc.																																																																																	
City & State MIAMI BEACH FL		City & State		4. FEI Number 65-0812697																																																																															
Zip 33140		Country U.S.A		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: OSCAR OSMAN Street Address (P.O. Box Number is Not Acceptable): 2655 COLLINS AVE #1811 City: MIAMI BEACH FL Zip Code: 33140																																																																																
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: <u>OSCAR OSMAN</u> (NOTE: Registered Agent signature required when registering) DATE: 1-26-07																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>OSMAN, MAGGY</td> <td></td> <td></td> <td>U-P OSMAN, MAGGY</td> <td></td> </tr> <tr> <td></td> <td>2655 COLLINS AVENUE, STE. 1811</td> <td></td> <td></td> <td>2655 Collins Ave #1811</td> <td></td> </tr> <tr> <td></td> <td>MIAMI BEACH FL 33140</td> <td></td> <td></td> <td>Miami Beach, FL 33140</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition		OSMAN, MAGGY			U-P OSMAN, MAGGY			2655 COLLINS AVENUE, STE. 1811			2655 Collins Ave #1811			MIAMI BEACH FL 33140			Miami Beach, FL 33140																																																	
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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: <u>MAGGY OSMAN</u> <u>MAGGY OSMAN</u> 1-26-07 305-4097439 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																			