2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State
01-19-2005 90002 006 ***150.00

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1. Entity Name
OASIS OUTSOURCING BENEFITS III, INC.

50003439

Principal Place of Business	Mailing Address
4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407	4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0825611
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OASIS OUTSOURCING
%TERRY MAYOTTE
4400 NORTH CONGRESS AVE, SUITE 250
WEST PALM BEACH, FL 33407

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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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MNAYMNEH, SAMI W
STREET ADDRESS	1001 BRICKELL BAY DR. 27TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	HENEMANN, CHARLES J
STREET ADDRESS	1001 BRICKELL BAY DR. 27TH FLR
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	VASD
NAME	ROSEN, RICK
STREET ADDRESS	1001 BRICKELL BAY DR, 27TH FLR
CITY-ST-ZIP	MIAMI, FL 33131
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	

DO NOT WRITE IN THIS SPACE

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: Terry Mayotte 1.12.05 561.227.1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #