

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90100 003 ***150.00

DOCUMENT # P98000015581

1. Entity Name
OASIS OUTSOURCING BENEFITS II, 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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0825614

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

**DO NOT WRITE
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
ROSEN, RICK
1001 BRICKELL BAY DR., 27TH FLOOR
MIAMI, FL 33131

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MELVIN, STEPHEN
4400 N. CONGRESS AVE. 250
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 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

Terry Mayotte

1-10-06

Date

561-227-16500

Daytime Phone #