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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031064

1. Entity Name
OSMIN ESCOBAR, INC.

Principal Place of Business	Mailing Address
10260 CODY LN ORLANDO, FL 32825	10260 CODY LANE ORLANDO, FL 32825

66003383

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 10260 cody Ln	Suite, Apt. #, etc.: 10260 Cody LN
City & State: Orlando FLorida	City & State: Orlando FLorida
Zip: 32825 Country: USA	Zip: 32825 Country: U-SA

4. FEI Number 59-3273754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ESCOBAR, OSMIN~~
9911 RIVER CREST COURT
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name: Osmin Escobar Inc
Street Address (P.O. Box Number is Not Acceptable): Dean RD. at Bean Creek
10260 Cody Ln
City: Orlando FL Zip Code: 32825

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: Osmin Escobar — DATE: 1-24-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESCOBAR, OSMIN 9911 RIVER CREST CT ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Osmin Escobar — 1-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #