

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90022 025 ***150.00

DOCUMENT # P98000077032

1. Entity Name
EUGENIA AND OSCAR, INC.



Principal Place of Business
**13950 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161**

Mailing Address
**2500 PARKVIEW DR., #812C
HALLANDALE, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0863421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EUGENIA, GIRALDO
13950 W DIXIE HWY
NORTH MIAMI, FL 33161**

7. Name and Address of New Registered Agent

Name **EUGENIA GIRALDO**

Street Address (P.O. Box Number is Not Acceptable)

2500 PARKVIEW DR. #812C

City **HALLANDALE BCH FL** Zip Code **33009**

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 *Eugenia Giraldo* (NOTE: Registered Agent signature required when reinstating) DATE **7/19/2006**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GIRALDO, OSCAR**
STREET ADDRESS **13950 W. DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE **P** ☐ Delete
NAME **GIRALDO, EUGENIA**
STREET ADDRESS **13950 W. DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2500 PARKVIEW DR. #812C**
CITY-ST-ZIP **HALLANDALE BCH. FL 33009**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2500 PARKVIEW DR #812C**
CITY-ST-ZIP **HALLANDALE BCH. FL 33009**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Eugenia Giraldo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06 305/2150467
Date Daytime Phone #