

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007226

FILED  
May 01, 2005  
Secretary of State

Entity Name: OSCAR FAMILIA & ASSOCIATES, INC.

## Current Principal Place of Business:

21561 SW 88TH AVE.  
MIAMI, FL 33189

## New Principal Place of Business:

5940 SW 69 AVENUE  
MIAMI, FL 33143

## Current Mailing Address:

21561 SW 88TH AVE.  
MIAMI, FL 33189

## New Mailing Address:

5940 SW 69 AVENUE  
MIAMI, FL 33143

FEI Number: 65-0896893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CESAR, IRIS A  
21561 SW 88TH AVE.  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

CESAR, IRIS A  
5940 SW 69 AVENUE  
MIAMI, FL 33143 US

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.

SIGNATURE: IRIS A. CESAR

05/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CESAR, IRIS A  
Address: 21561 SW 88TH AVE.  
City-St-Zip: MIAMI, FL 33189

Title: VS ( ) Delete  
Name: FAMILIA, OSCAR O VICEPRE  
Address: 21561 SW 88TH. AVENUE  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CESAR, IRIS A  
Address: 5940 SW 69 AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: VS (X) Change ( ) Addition  
Name: FAMILIA, OSCAR O VICEPRE  
Address: 5940 SW 69 AVENUE  
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS A. CESAR

PSDT

05/01/2005

Electronic Signature of Signing Officer or Director

Date