

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91328 044 ***150.00

DOCUMENT # P99000049429L
1. Entity Name
O & O PROFESSIONAL AND EXECUTIVE GROUP CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3440 HOLLYWOOD BLVD</u> State, Apt. #, etc. <u>360</u> City & State <u>HOLLYWOOD, FL</u> Zip <u>33021</u> Country <u>USA</u>		3. Mailing Address <u>3440 HOLLYWOOD BLVD.</u> State, Apt. #, etc. <u>360</u> City & State <u>HOLLYWOOD, FL</u> Zip <u>33021</u> Country <u>U.S.A.</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0924744</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name LEONARDO A. ROTH, ESQ
Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD. STE 360
City HOLLYWOOD FL Zip Code 33021

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.

SIGNATURE [Signature] LEONARDO A. ROTH ESQ 5-2-02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$100.00
After May 1 Fee is \$250.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>DPT</u> <u>OSORIO, DAVID</u> <u>3440 HOLLYWOOD BLVD, STE 360</u> <u>HOLLYWOOD, FL 33021</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>D, P, T, U,</u> <u>OSORIO, DAVID</u> <u>3440 HOLLYWOOD BLVD STE 360</u> <u>HOLLYWOOD, FL 33021</u>
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IN THIS SPACE**

CR26034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] OSORIO, DAVID, D 5-2-02 954-322-4280