


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91238 048 ***150.00

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DOCUMENT # P99000049429			
1. Entity Name O & O PROFESSIONAL AND EXECUTIVE GROUP CORP.			
Principal Place of Business 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021 US		Mailing Address 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021 US	
2. Principal Place of Business 18851 NE 29th AV		3. Mailing Address 18851 NE 29th AV	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180		Zip 33180	
Country USA		Country USA	
4. FEI Number 65-0924744		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name LEONARDO A. ROTH Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, STE 900 City AVENTURA FL Zip Code 33180	
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 _____		LEONARDO A. ROTH, ESQ 4/13/04	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT OSORIO, DAVID <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD, STE 300 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T, S, VP <input type="checkbox"/> Change <input type="checkbox"/> Addition DAVID OSORIO 18851 NE 29th AV, STE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV <input type="checkbox"/> Delete OSORIO, DAVID 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		DAVID OSORIO, P 2-23-04 305 2855191	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	