


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # S72863	
1. Entity Name OSBOL CORPORATION	

Principal Place of Business 20460 S.W. 125TH AVENUE MIAMI, FL 33177	Mailing Address 20460 S.W. 125TH AVENUE MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0278253	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 BOTERO, OSCAR 20460 S.W. 125TH AVENUE MIAMI, FL 33177	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOTERO, OSCAR 20460 S.W. 125TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOTERO, LEYLA 20460 S.W. 125TH AVE. MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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: 	6-29-5 305-2541869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone