2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # S86678

1. Entity Name
OSJ MANAGEMENT & DEVELOPMENT INC.

Principal Place of Business	Mailing Address
2235 NW 5 AVE 100 MIAMI, FL 33137 US	8001 SW 97 TERR. MIAMI, FL 33156

02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0300748
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JOHN MR
3000 BISCAYNE BLVD.
SUITE 500
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and is familiar with, the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required in item 8. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIOS, WILLIAM
STREET ADDRESS	2235 NW S AVE
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	VELAZQUEZ, NILSA
STREET ADDRESS	8630 NE 1 COURT
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	V
NAME	RIVERA, GAMALIEL
STREET ADDRESS	8601 FEDERAL HWY.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000631272
02/20/07-80041-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report meets the requirements of 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 constitute an affirmation under the penalties prescribed in s. 817.155, Florida Statutes, 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 if changed, or on an attachment with all other like empowered.

SIGNATURE: [signature] 2-7-07 305-274-0992.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #