


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90160 004 ***150.00

DOCUMENT # V07783					
1. Entity Name OXFER COLLECTION CORPORATION					
Principal Place of Business 2428 PONCE DELEON BLVD CORAL GABLES, FL 33134 US		Mailing Address 2428 PONCE DELEON BLVD CORAL GABLES, FL 33134 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0322162	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIEZ, ALEXANDRA 931 COTORRO AVE. CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code		
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: <i>Alexandra Diez</i>			DATE: 4/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIEZ, ALEXANDRA	NAME			
STREET ADDRESS	931 COTORRO AVE	STREET ADDRESS			
CITY- ST- ZIP	CORAL GABLES, FL	CITY- ST- ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERRERO, JOSE L	NAME			
STREET ADDRESS	931 COTORRO AVE	STREET ADDRESS			
CITY- ST- ZIP	CORAL GABLES, FL	CITY- ST- ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIEZ, YADIRA	NAME	DIEZ YADIRA		
STREET ADDRESS	100 EDGE WATER DRIVE #309	STREET ADDRESS	931 Cotorro Ave Coral Gables, FL		
CITY- ST- ZIP	CORAL GABLES, FL 33133	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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: <i>Alexandra Diez</i>			DATE: 4/22/05 DAYTIME PHONE: 305-444-9001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					