


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000889

1. Entity Name
OASIS PUBLISHING, INC.



Principal Place of Business: **941 O ST., #800 LINCOLN, NE 68508**

Mailing Address: **220 ALHAMBRA CIRCLE 350 CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FFI Number: **47-0741646** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

**ROJAS, JOSE I ESQ
 225 ALHAMBRA CIRCLE
 SUITE 350
 CORAL GABLES, FL 33134**

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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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (If Officer Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	ABRAHAMS, DAVID
STREET ADDRESS	941 O ST., #800
CITY ST ZIP	LINCOLN, NE 68508
TITLE	VD
NAME	SMITH, CRAIG
STREET ADDRESS	941 O ST., #800
CITY ST ZIP	LINCOLN, NE 68508
TITLE	STD
NAME	QUALSETTE, DICK
STREET ADDRESS	941 O ST., #800
CITY ST ZIP	LINCOLN, NE 68508
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 02/22/05-80018-002 150.00

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 Qualsette* **2-16-05 402-476-0666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #