


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F9600000889 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



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0741646	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 ROJAS, JOSE I ESQ 225 ALHAMBRA CIRCLE SUITE 350 CORAL GABLES, FL 33134
--

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, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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.

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

U00000573297
08/04/06-80001-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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 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 Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____