


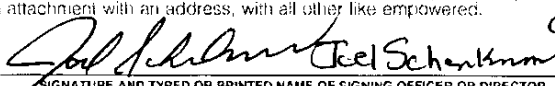
# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90038 015 \*\*\*150.00

<b>DOCUMENT # 367193</b>			
1. Entity Name <b>OLD BRIDGE PARK CORPORATION</b>			
Principal Place of Business <b>6605 SW 109TH STREET MIAMI FL 33156</b>		Mailing Address <b>P.O. BOX 2547 FT MYERS FL 33902 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>SUNSTROM, WILLIAM 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<b>Schenkman, Randy , Secy, Treas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHENKMAN, JACK</b>	NAME	<b>10800 Lakeside Dr</b>
STREET ADDRESS	<b>6605 SW 109 ST.</b>	STREET ADDRESS	<b>Coral Gables, Fl 33156</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHENKMAN, MIRIAM</b>	NAME	<b>Schenkman, Lara</b>
STREET ADDRESS	<b>6605 SW 109TH STREET</b>	STREET ADDRESS	<b>10800 Lakeside Dr</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	CITY-ST-ZIP	<b>Coral Gables, Fl. 33156</b>
TITLE	<b>DVP</b> <input type="checkbox"/> Delete	TITLE	<b>P.O. Box 562020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHENKMAN, MICHAEL</b>	NAME	<b>Miami, Fl. 33256</b>
STREET ADDRESS	<b>6605 SW 109TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>10800 Lakeside Dr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHENKMAN, JOEL</b>	NAME	<b>Coral Gables, Fl. 33156</b>
STREET ADDRESS	<b>6605 SW 109 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 exemptions contained in Section 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:**  **3-19-08** **239 543-1005**

Chairman President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #