

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 367193

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** OLD BRIDGE PARK CORPORATION

**Current Principal Place of Business:**

5195 NW 77 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5195 NW 77 AVE  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 59-1353499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUNDSTROM, WILLIAM  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

SUNDSTROM, WILLIAM  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/31/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEOP  
Name: SCHENKMAN, JOEL  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: ST  
Name: SCHENKMAN, RANDY  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: SCHENKMAN, LARA ESQ  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: SCHENKMAN, IAN  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL SCHENKMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEOP

03/31/2011

\_\_\_\_\_  
Date