


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000017761 1. Entity Name VILLAGE OAKS REALTY-II, INC. |  |
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| Principal Place of Business 122 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 | Mailing Address 122 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 |
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04272006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 01-0618825 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STOK, ROBERT A ESQ. 2875 N.E. 191ST ST. STE. 304 AVENTURA, FL 33180 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000546705 05/11/06-80127-010 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MELTZER, ODED T 122 GOLDEN BEACH DR. GOLDEN BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOK, SOPHIA P 2875 NE 191ST ST., STE. 304 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PECHTOR, JACK 715 PARK OF COMMERCE DRIVE BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MELTZER, ARIEL 122 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 4/27/06 | Daytime Phone # |
|---|---|-----------------|-----------------|