

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90017 049 \*\*\*150.00

DOCUMENT # P05000136156  
 1. Entity Name  
 IL OAKS INCORPORATED



Principal Place of Business: 13601 SW 102ND TERRACE, MIAMI, FL 33186  
 Mailing Address: 13601 SW 102ND TERRACE, MIAMI, FL 33186

2. Principal Place of Business: 470 South Park Road  
 3. Mailing Address

Suite, Apt. #, etc. No. 7-303

City & State: HOLLYWOOD, FL 33021

Zip Country

50004926  

 01222006 Chg-P CR2E034 (11/05)

4. FEI Number: 06-1771315  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: MARIAN, SUSAN B. 13601 SW 102ND TERRACE, MIAMI, FL 33186  
 7. Name and Address of New Registered Agent: Name: MARIAN SUSAN B. Street Address: 470 South Park Road #7-303. City: HOLLYWOOD, FL 33021

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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ORDONEZ, CECILIA STREET ADDRESS: 13601 SW 102ND TERRACE CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE: Pres/Sec NAME: Cecilia Ordonez STREET ADDRESS: 470 South Park Road #7-303 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.

SIGNATURE: Cecilia Ordonez President/SEC Date: 3/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR