

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S88852

1. Entity Name
THE OAKS, PHASE II, INC.



Principal Place of Business
**34 STAR ISLAND
MIAMI BEACH, FL 33139 US**

Mailing Address
**34 STAR ISLAND
MIAMI BEACH, FL 33139 US**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3093433	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

**MOSLEY, CURTIS R.
1221 E NEW HAVEN AVE
MELBOURNE, FL 32901**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KIRSNER, HYMAN
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	DP
NAME	KIRSNER, IDA
STREET ADDRESS	34 STAR ISLD
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	V
NAME	KIRSNER, STEVEN
STREET ADDRESS	912 HIALEAH ST
CITY-ST-ZIP	ROCKLEDGE, FL 329556109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80104-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/2004 (321) 6391388