

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 032 ***150.00

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01232005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000072489 1. Entity Name OAKLAND CAR SERVICE, INC.																													
Principal Place of Business 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311			Mailing Address 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0710374 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCHNEIDER, JACOB 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FROMME, MARLENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>366 MELBA STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STATEN ISLAND, NY 10314</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	FROMME, MARLENE		STREET ADDRESS	366 MELBA STREET		CITY-ST-ZIP	STATEN ISLAND, NY 10314		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Director</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Richard FROMME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>366 MELBA ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STATEN ISLAND NY 10314</td> <td></td> </tr> </table>			TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Richard FROMME		STREET ADDRESS	366 MELBA ST		CITY-ST-ZIP	STATEN ISLAND NY 10314	
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SIGNATURE: Marlene Fromme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #