2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90155 032 ***150.00

| DOCUN 1. Entity Name OAKLAND | | | (| 02-25-2005 90 | 0155 032 3 | '**150.(| 00 | | | | | |
|---|--------------|---|---------|--|-------------------------|--|---|------------------------|--------------------------|-------------|----------|--------------|
| Principal Place of Business 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311 | | | | Mailing Address 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311 | | | | 50019202 | | | | |
| 2. Principal Place of Business , | | | | Mailing Address | | 7 | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 01232005 | Chg-P | CR2E03 | 4 (10/03) | | |
| City & State | | | | City & State | | | 4. FEI Number Applied For 65-0710374 Not Applicable | | | | | |
| Zίρ | Country | | | Zip Cou | | try | 5. Certificate of Status Desired | | | | | |
| | 6. Name | and Address of Curren | t Regis | tered Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| SCHNEIDE | ED IACO | ND | | | | Name | | | | | | |
| SCHNEIDER, JACOB 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311 | | | | | | 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 affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| оденняю пунко от контон пата от просмето адена или ино и арулисания. (NOTE: подрагия карпация годиков этот голосайтор) DATE | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | | | | \$5.0 Adde | 00 May Be d to Fees | - | ~~ · | الخراجين | |
| 10, | | OFFICERS AN | D DIRE | CTORS | 11. | | | ADDITIONS/ | CHANGES TO OFF | ICERS AND I | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 366 MELI | E, MARLENE BA STREET ISLAND, NY 10314 | | 🗀 Delete | 1 | EET ADDRESS /-st-zip | | | | | □ Change | ☐ Addition . |
| TITLE NAME: | | | | Delete | TITL | E I | Di Ri | char o | FROM SA ST ten ISL | nne | ☐ Change | Addition |
| STREET ADDRESS CITY+S1-ZIP . | | | | | EET ADDRESS /-ST-ZIP | 36 | STA | ten ISL | ano / | <u> </u> | 10714 | |
| NAME | | | | ☐ Delete | TITL | E (| | | | | □ C ange | Addition |
| STREET ADORESS CITY-ST-ZIP | | | | | | EET ADORESS (-ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | TIR | - Y | | | | | Change | Addition |
| STREET ADDRESS CHY-ST-ZIP | | | | | | EET AOORESS Y-ST-ZIP | | | | | | |
| THE | | | | | - | | | | | | | |
| HAME | | | | ☐ Delete | TITE NAM | Y . | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | | 1 | EET ADORESS Y-ST-ZIP | | | | | • | · |
| TITLE | <u> </u> | | | ☐ Delete | ŧΠ | | | | | | ☐ Change | ☐ Addition |
| NAME | | | | | MA | ME | • | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | | ļ |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | | | | | | | | | | |