

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90026 034 \*\*\*150.00

40049367



04042005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1139362** Applied For ☐ Not Applicable ☒

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

**DOCUMENT # P01000089737**

1. Entity Name  
**1040 EAST OAKLAND CORP.**



Principal Place of Business  
**1040 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33334**

Mailing Address  
**1040 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORMAN, ROBERT S ESQ.  
2101 WEST COMMERCIAL BOULEVARD  
SUITE 2300  
FT. LAUDERDALE, FL 33309**

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

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

(NOTE: Empowered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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** ☐ Delete  
NAME **DOCHERTY, JOHN**  
STREET ADDRESS **1040 EAST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Rachel Rodriguez**  
STREET ADDRESS **1040 E. Oakland PK. Blvd.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Rodolfo Rodriguez**  
STREET ADDRESS **1040 E. Oakland PK. Blvd.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *Rachel Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 954-5601-1716  
Date Daytime Phone #