

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 029 ***150.00

DOCUMENT # 329460

1. Entity Name
3034 OAK AVE. INC.



Principal Place of Business

C/O PACIFIC R. E. MGT CORP.
2600 DOUGLAS RD #1004
CORAL GABLES, FL 33134 US

Mailing Address

C/O PACIFIC R. E. MGT CORP.
2600 DOUGLAS RD #1004
CORAL GABLES, FL 33134 US

60015146



2. Principal Place of Business

396 ALHAMBRA CIRCLE

3. Mailing Address

396 ALHAMBRA CIRCLE

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

01102006 Chg-P CR2E034 (11/05)

City & State

CORAL GABLES FL.

City & State

CORAL GABLES FL.

4. FEI Number
13-2617358

Applied For

Not Applicable

Zip 33134

Country

Zip 33134

Country

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

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
MURAI, WALD, BIONDO, MORENO & BROCHIN

Street Address (P.O. Box Number is Not Acceptable)

2 ALHAMBRA PLAZA PENTHOUSE 1B

City CORAL GABLES FL Zip Code 33134

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	2600 DOUGLAS ROAD #1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS ROAD #1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	2600 DOUGLAS ROAD #1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEL CARMEN MORA, MARIA	
STREET ADDRESS	2600 DOUGLAS ROAD #1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	396 ALHAMBRA CIRCLE STE 100	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	396 ALHAMBRA CIRCLE STE 100	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	396 ALHAMBRA CIRCLE STE 100	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DEL CARMEN MORA	
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2006

Date

Daytime Phone #