2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90038 015 ***150.00

DOCUMENT # 367193

1. Entity Name
OLD BRIDGE PARK CORPORATION

Principal Place of Business	Mailing Address
6605 SW 109TH STREET MIAMI FL 33156	P.O. BOX 2547 FT MYERS FL 33902 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1353499 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUNSTROM, WILLIAM 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32303	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: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	C SCHENKMAN, JACK 6605 SW 109 ST. MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schenkman, Randy , Secy, Trea 10800 Lakeside Dr Coral Gables, Fl 33156 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHENKMAN, MIRIAM 6605 SW 109TH STREET MIAMI, FL 00000 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Schenkman, Lara 10800 Lakeside Dr Coral Gables, Fl. 33156 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHENKMAN, MICHAEL 6605 SW 109TH STREET MIAMI, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 562020 Miami, Fl. 33256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENKMAN, JOEL 6605 SW 109 ST MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10800 Lakeside Dr Coral Gables, Fl. 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joel Schenkman Chairman president 3-19-08 239 543-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #