## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 367193** 

FILED Apr 03, 2009 Secretary of State

| Entity Nar   | me: OLD BRI  | DGE PARK CORPORATION             |   |   |  |
|--|--|----------------------------------|---|---|--|
| Current Principal Place of Business:                                       |  |                                  | New Principal Place                         | New Principal Place of Business:  |  |
| 6605 SW 109TH STREET<br>MIAMI, FL 33156                                    |  |                                  | #36   | 5660 BAYSHORE RD<br>#36<br>N FT MYERS, FL 33917                             |  |
| Current M  | lailing Addre  | ss:                              | New Mailing Addres                          | New Mailing Address:  |  |
| P.O. BOX   | 2547<br>S, FL 33902                                  | US                               |   |   |  |
| FEI Number:  | : 59-1353499   | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )   |  |
| Name and Address of Current Registered Agent:                              |  |                                  | Name and Address                            | Name and Address of New Registered Agent:                                   |  |
| SUNSTROM, WILLIAM<br>2548 BLAIRSTONE PINES DR.<br>TALLAHASSEE, FL 32303 US |  |                                  | 2548 BLAIRSTÓNE P                           | SUNDSTROM, WILLIAM<br>2548 BLAIRSTONE PINES DR.<br>TALLAHASSEE, FL 32303 US |  |
|  | named entity<br>e of Florida.                        | submits this statement for the p | ourpose of changing its registere           | ed office or registered agent, or both,                                     |  |
| SIGNATURE: WILLIAM SUNDSTROM   |  |                                  |   | 04/03/2009  |  |
|  | Electro  | nic Signature of Registered Age  | ent   | Date  |  |
| Election Car   | mpaign Financir                                      | g Trust Fund Contribution ( ).   |   |   |  |
| OFFICERS AND DIRECTORS:  |  |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                | SCHENKMAN,<br>10800 LAKES                            |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                | SCHENKMAN,<br>10800 LAKES                            |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                | DVP (<br>SCHENKMAN,<br>P.O. BOX 562<br>MIAMI, FL 332 | 020                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |
| Title:   | Р (  | ) Delete                         | Title:                                      | ( ) Change ( ) Addition   |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL SCHENKMAN P 04/03/2009

SCHENKMAN, JOEL,

10800 LAKESIDE DR.

CORAL SPRINGS, FL 33156

Name:

Address:

City-St-Zip: