2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2008 8:00 am **DOCUMENT # 394112 Secretary of State** 1. Entity Name 03-24-2008 90040 047 ***150.00 OAKLAND PARK BOULEVARD FLEA MARKET, INC. Principal Place of Business Mailing Address 3161 W OAKLAND PARK BLVD OAKLAND PARK FL 33311 5400 S. UNIVERSITY DRIVE SUITE 302 DAVIE FL 33328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1376064 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEDMAN, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 5400 S. UNIVERSITY DRIVE STE 302 DAVIE FL 33328 City 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 premed panys of registered agent and the Tampicable (NOTE: Registered Agent signature required when reinstaurig) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ! VΡ Deicte TITLE Change ■ Addition NAME: MIRIAM, FREEDMAN NAME STREET ADDRESS 5400 S. UNIVERSITY DRIVE, #302 STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33328** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition FREEDMAN, STEVEN J. NAME NAME 5400 S. UNIVERSITY DRIVE, #302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY ST- 7IP Change TITLE Delete TITLE ■ Addition FREEDMAN, BRUCE NAME -STREET ADDRESS 300 N.W. 82ND AVENUE, #415 STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defele TOTALE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

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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:

STEVEN J. FREEDMAN

2/28/88 (974) 252-5652

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR