2006 FOR PROFIT CORPORATION

May 04, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #656204** 05-04-2006 90254 010 ***158.75 OAKLAND WAREHOUSE, INC. Principal Place of Business Mailing Address P.O. BOX 23840 50018885 81 NW 47 CT FORT LAUDERDALE, FL 33307 US FT. LAUDERDALE, FL 33309 2. Principal Place of Business Mailing Address 81 NW 47 01 Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State T. Javderdale, FL 59-2069139 Not Applicable Country BROWARD 7ip Country \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIGLIO, RONALD Street Address (P.O. Box Number is Not Acceptable) 81 N.W. 47 COURT FORT LAUDERDALE, FL 33309 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE GIGLIO, RON NAME 81 N.W. 47 COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP FT. LAUDERDALE, FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED