

2007 FOR PROFIT CORPORATION ANNUAL REPORT

PS/062

FILED

2007 SEP 20 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112007 Chg-P CR2E034 (12/06)

DOCUMENT #657611

1. Entity Name
OAKLAND PARK DEVELOPMENT CORPORATION



Principal Place of Business
**2650 NW 4TH ST.
FT. LAUDERDALE, FL 33311**

Mailing Address
**2900 N. PALM AIRE DR.
APT. #101
POMPANO BEACH, FL 33069**

2. Principal Place of Business - No P.O. Box #
1810 E. OAKLAND PARK BLVD
Suite, Apt. #, etc.
SUITE #4

3. Mailing Address
125 OAKMONT CIRCLE
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL.

City & State
NEW BERN NC

Zip
33306

Country
BROWARD

Zip
28502

Country
CRAVEN

4. FEI Number
59-1458301

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LALONDE, CLAUDE
2900 N. PALM AIRE DR.
APT. #101
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent
Name
LALONDE, CLAUDE
Street Address (P.O. Box Number is Not Acceptable)
1810 E. OAKLAND PARK BLVD
SUITE #4
City
FT. LAUDERDALE FL Zip Code
33306

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 *Claude Lalonde* **SEPT 19, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	PSD LALONDE, CLAUDE 2900 N PALM AIRE DR., #101 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LALONDE CLAUDE 1810 E. OAKLAND PARK BLVD, SUITE #4 FT. LAUDERDALE FL. 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300109772283 09/21/07--01062--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: *Claude Lalonde* **SEPT 19 2007 (954) 260-0687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/25/07

pg 2 of 2

September 19th 2007

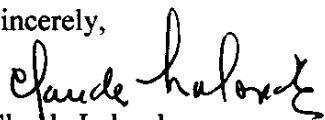
Division of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Mam or Sir,

Please find enclosed my application for renewal of annual corporation report along with check #1004 in the amount of \$150.00. The reason I did not add the \$400.00 late fee is that I did not receive the renewal form because of a change in mailing address, from 2900 Palm Aire Drive Pompano Beach Fl. to 125 Oakmont Circle, New Bern NC.

I trust this to be satisfactory,

Sincerely,



Claude Lalonde.
125 Oakmont Circle
New Bern NC 28562