

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000005842

1. Entity Name
OAKLAND MANAGEMENT CORP.



Principal Place of Business
**31731 NORTHWESTERN HWY
STE. 250W
FARMINGTON HILLS, MI 48334 US**

Mailing Address
**31731 NORTHWESTERN HWY
STE. 250W
FARMINGTON HILLS, MI 48334 US**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3196699

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LUPTAK, PAOLA M
2201 NW CORPORATE BLVD
SUITE 100
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BEZNOS, MAURICE
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	VSD
NAME	BEZNOS, NORMAN
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	V
NAME	LUPTAK, PAOLA
STREET ADDRESS	2295 CORPORATE BLVD NW 240
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	BEZNOS, HAROLD
STREET ADDRESS	31731 NORTHWESTERN HWY, #250W
CITY-ST-ZIP	FARMINGTON, MI 48334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80034-016-150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice J. Beznos

4/23/07

Date

Daytime Phone #