2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000080

FILED Apr 30, 2004 Secretary of State

Entity Name: OAKLAND GROVE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8325 N.E. 3 AVE. 8325 N.E. 3 AVE MIAMI, FL 33138 MIAMI, FL 32138 **Current Mailing Address: New Mailing Address:** 8325 N.E. 3 AVE 8325 N.E. 3 AVE MIAMI, FL 32138 MIAMI, FL 33138 FEI Number: 65-0526489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUTUS, PHILLIP J 7900 NE 2ND AVE SUITE 600 MIAMI, FL 33138 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAMERSTROM, BRUCE Name: Name: Address: 8325 NE 3 AVE Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: ALTMAN, GRACE Name: Address: 8290 NE 4 AVENUE Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: () Change () Addition BECKETT, SARAH Name: Name: 301 N.E. 82 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: REYNOLDS, MARGE Name: Address: 8339 NE 2 COURT Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: Title: () Delete () Change () Addition HAMERSTROM, SUE Name: Name: 8325 NE 3 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE L. HAMERSTROM PD 04/30/2004