2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082324

Entity Name: OAKLAND PARK LEASING, INC.

FILED Sep 16, 2005 Secretary of State

Littly Na	Me. OARLAN	D FARR LLASING, INC.				
Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:		
1201 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334			52 W OAKL	52 W OAKLAND PK BLVD		
			#233			
			WILTON IVI	ANORS, FL 33311	US	
Current N	lailing Addres	ss:	New Mailin	New Mailing Address:		
52 W OAKLAND PK BLVD #233				7668 EL CAMINO REAL #215		
	MANORS, FL	333211		CARLSBAD, CA 92009 US		
FEI Number	: 65-1036362	FEI Number Applied For ()	FEI Number Not Appli	cable () Certifi	cate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 S PIN	ORATION SYS NE ISLAND RE ION, FL 33324)				
	e named entity e of Florida.	submits this statement for the	ourpose of changing it	s registered office or	registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ot receive the prior notice			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PSTD () Delete	Title:	() Change	e () Addition	
Name:	SCHULKINS, C		Name:			
Address: City-St-Zip:	52 W OAKLAN WILTON MANC	D PK BLVD., #233 DRS_FL_33311	Address: City-St-Zip:			
Oity Ot Zip.	WILL ON WING	710, 12 00011	Oity-0t-21p.			
Title:	•) Delete	Title:	() Change	e () Addition	
Name: Address:	BANE, TYANN 2005 COSTA DEL MAR		Name: Address:			
City-St-Zip:	CARLSBAD, C		City-St-Zip:			
Title:	T () Delete	Title:	()Change	e () Addition	
Name:	COHEN, MARV		Name:			
Address:			Address:			
City-St-Zip:	ANAHEIM HILL	S, CA 98265	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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG E SCHULKINS PSTD 09/16/2005