

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017761

FILED
Mar 25, 2009
Secretary of State

Entity Name: VILLAGE OAKS REALTY-II, INC.

Current Principal Place of Business:

122 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Principal Place of Business:

6431 COWPEN ROAD
MIAMI LAKES, FL 33014

Current Mailing Address:

122 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Mailing Address:

6431 COWPEN ROAD
MIAMI LAKES, FL 33014

FEI Number: 01-0618825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOK, ROBERT A ESQ.
2875 N.E. 191ST ST.
STE. 304
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MACALUSO, JERI R
6361 COWPEN ROAD
MIAMI LAKES, FL 33014 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: JERI MACALUSO

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MELTZER, ODED T
Address: 122 GOLDEN BEACH DR.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: D (X) Delete
Name: STOK, SOPHIA P
Address: 2875 NE 191ST ST., STE. 304
City-St-Zip: AVENTURA, FL 33180

Title: STD () Delete
Name: PECHTOR, JACK
Address: 715 PARK OF COMMERCE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: PD () Delete
Name: MELTZER, ARIEL
Address: 122 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MELTZER, ODED T
Address: 6431 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MELTZER, ARIEL
Address: 6431 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARI MELTZER

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date