


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90398 025 \*\*\*150.00

<b>DOCUMENT # P01000084998</b>	
1. Entity Name <b>OLD WOODEN BRIDGE MANAGEMENT CORP.</b>	

Principal Place of Business <b>8500 SW 107 ST MIAMI, FL 33156</b>	Mailing Address <b>8500 SW 107 ST MIAMI, FL 33156</b>
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2. Principal Place of Business <b>14200 SW 116 TER</b> Suite, Apt. #, etc.	3. Mailing Address <b>14200 SW 116 TER</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33186</b>	Country <b>US</b>

14013460



04262005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1178258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PERSAUD, SAMUEL A ESQUIRE 1320 S DIXIE HWY, STE 715 CORAL GABLES, FL 33146</b>	7. Name and Address of New Registered Agent Name <b>WILLIAM SANTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14200 SW 116 TER</b> City <b>MIAMI FL</b> Zip Code <b>33186</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLACK, JAMES "CHIP" BOGIE DRIVE BIG PINE KEY, FL 33043</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. WILLIAM SANTOR 14200 SW 116 TER. MIAMI FL 33186</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SANTOR, BARBARA 14200 SW 116 TERRACE MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/SEC CATHY CROOK 8045 SW 106 ST. MIAMI FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WHITE, ROXANNE 19451 SW 87 CT MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES. KEVIN WHITE 19451 SW 87 CT. MIAMI FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 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 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:** WILLIAM SANTOR 4/25/05 305 986 0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #