2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE: 2

Jan 31, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P02000079545** 01-31-2005 90079 037 ***150.00 1. Entity Name 132 EAST OAKLAND CORPORATION Principal Place of Business Mailing Address 214 BRAZILIAN AVENUE SUITE 220 1760 BELL TOWER LN WESTON, FL 33326 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address 1760 BELL . OAKLAND PARK BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Chg-P CR2E034 (10/03) Applied For City & State 4. EEI Number FL 37-1468696 WESTON Not Applicable Country 1) S. A \$8.75 Additional 5. Certificate of Status Desired 33326 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A. VALERO JUSE SELZ, STEVEN M ESQ Street Address (P.O. Box Number is Not Acceptable) 214 BRAZILIAN AVENUE SUITE 220 PALM BEACH, FL 33480 PARKSIDE DRIVE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT X Change ☐ Addition TITLE □ Delete TITLE valero, Jose Alfonso NAME VALERO, JOSE ALFONSO 4022 PARKSIDE DRIVE STREET ADDRESS 214 BRAZILIAN AVENUE SUITE 220 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL. 33458 MORENO DE VALERA, ADELAIDA Change **Addition** TITLE ☐ Delete NAME NAME VICE PRESIDENT 4022 PARKSIDE DRIVE STREET ADDRESS STREET ADDRESS JUPITER, FL 33 458 CITY-ST-ZIP CITY-ST-ZIP **SECRETARY Addition** TITLE ☐ Delete Change VALERO, NOHORA E. NAME MAME STREET ADDRESS STREET ADDRESS 4022 PARKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP TITI F Change - Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

FILED

776-7379