


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90067 022 \*\*\*150.00

<b>DOCUMENT # P02000107427</b>	
1. Entity Name <b>OAKLAND FOREST PLAZA, INC.</b>	

Principal Place of Business <b>2699 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>2699 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33309</b>
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**66006505**



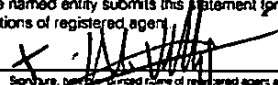
01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0485709</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>VALLYANI, NOOR 2699 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33309</b>
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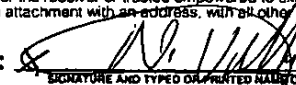
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <b>PRESIDENT</b>	DATE <b>01-18-05</b>

<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	
TITLE <b>P</b>	<b>VALLYANI, NOOR</b>
NAME	<b>2699 WEST OAKLAND PARK BOULEVARD</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 33309</b>
CITY - ST - ZIP	
TITLE <b>VP</b>	<b>VALLYANI, ROZINA</b>
NAME	<b>2699 WEST OAKLAND PARK BOULEVARD</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 33309</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>VALLYANI, NIZAR</b>
NAME	<b>2699 WEST OAKLAND PARK BOULEVARD</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 33309</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>VALLIANI, MOHAMED</b>
NAME	<b>2699 WEST OAKLAND PARK BOULEVARD</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 33309</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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.	
SIGNATURE:  <b>NOOR VALLYANI President</b>	DATE <b>01-18-05</b> DAYTIME PHONE # <b>954-484-6545</b>