

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2004 8:00 am
Secretary of State

06-14-2004 90002 004 ***150.00
07-21-2004 90026 003 ***400.00

DOCUMENT # P02000125794

1. Entity Name

THE OAKS LS, INC.



Principal Place of Business

9200 SOUTH DADELAND BLVD SUITE 500
MIAMI FL 33156

Mailing Address

9200 SOUTH DADELAND BLVD SUITE 500
MIAMI FL 33156

44049198



2. Principal Place of Business

3. Mailing Address

4510 Bellevue St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

MOORE CR2E034 (11/03)

City & State

City & State

Kansas City, MO

4. FEI Number

56-2305259

Applied For

Not Applicable

Zip

Country

Zip

64111

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIELMAN, ROBERT E
9200 SOUTH DADELAND BLVD SUITE 500
MIAMI FL 33156

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SPELMAN, ROBERT	
STREET ADDRESS	9200 SOUTH DADELAND SUITE 500	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-670-9700 2/10/04