## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000131588

Entity Name: OBP SANDESTIN, INC.

Name:

Address:

City-St-Zip:

SCHENKMAN, LARA

10800 LAKESIDE DR

CORAL GABLES, FL 33156

FILED Apr 03, 2009 Secretary of State

		BEOTHY, HVC.			
Current Principal Place of Business:			New Principal Place of Business:		
	(ESIDE DRIVE ABLES, FL 331	56			
Current Mailing Address:			New Mailing Address:		
PO BOX 2 FORT MY	547 ERS, FL 33902				
FEI Number	: 55-0822662	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2548 BLAI TALLAHA: The above in the State	e of Florida.	S DRIVE 1 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	 Date	
Election Ca		Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () SCHENKMAN, J 10800 LAKESID CORAL GABLES	E DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () SCHENKMAN, R 10800 LAKESID CORAL GABLES	E DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	VP ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL SCHENKMAN PCEO 04/03/2009