


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90042 003 ***150.00

DOCUMENT # P03008 1. Entity Name OAKRIDGE ENTERPRISES, INC.	
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Principal Place of Business 19707 TURNBERRY WAY 27 J AVENTURA, FL 33180 US	Mailing Address 19707 TURNBERRY WAY 27 J AVENTURA, FL 33180 US
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2. Principal Place of Business 20165 PORTO VITA WAY Suite, Apt. #, etc. 801	3. Mailing Address 20165 PORTO VITA WAY Suite, Apt. #, etc. 801
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City & State AVENTURA FLA. Zip 33180 Country USA	City & State AVENTURA, FLA. Zip 33180 Country USA
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40002098



01112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PUDER, BERNARD 19707 TURNBERRY WAY #27J N. MIAMI BEACH, FL 33180	7. Name and Address of New Registered Agent Name PUDER, BERNARD Street Address (P.O. Box Number is Not Acceptable) 20165 PORTO VITA WAY - UNIT 801 City AVENTURA FL Zip Code 33180
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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. Puder - BERNARD PUDER DATE 1/14/05

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUDER, BERNARD 19707 TURNBERRY WAY N MIAMI BEACH, FL <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	VD PUDER, MICHAEL 19707 TURNBERRY WAY N MIAMI BEACH, FL <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	STD PUDER, JODI 19707 TURNBERRY WAY N MIAMI BEACH, FL <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
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: B. Puder - BERNARD PUDER DATE 1/14/05 DAYTIME PHONE # 305-935-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR