

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 024 ***158.75

DOCUMENT # P03008 1. Entity Name OAKRIDGE ENTERPRISES, INC.			
Principal Place of Business 20165 PORTO VITA WAY 801 AVENTURA, FL 33180 US		Mailing Address 20165 PORTO VITA WAY 801 AVENTURA, FL 33180 US	
2. Principal Place of Business 20165 PORTO VITA WAY Suite, Apt. #, etc. #801		3. Mailing Address 20165 PORTO VITA WAY Suite, Apt. #, etc. 801	
City & State AVENTURA, FLA. Zip 33180 Country USA		City & State AVENTURA, FLA. Zip 33180 Country USA	
4. FEI Number 54-0951898		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUDER, BERNARD 20165 PORTO VITA WAY UNIT 801 N. MIAMI BEACH, FL 33180		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD PUDER, BERNARD 20165 PORTO VITA WAY #801 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUDER, MICHAEL 19707 TURNBERRY WAY N MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD PUDER, MICHAEL 20165 PORTO VITA WAY #801 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUDER, JODI 19707 TURNBERRY WAY N MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STD PUDER, JODI 20165 PORTO VITA WAY #801 AVENTURA, FLA. 33180
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 exemptions contained 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 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: <u>B. Puder - BERNARD PUDER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JUNE 29 2006 305-935-2368 <small>Date Daytime Phone #</small>	