



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90158 050 \*\*\*150.00

<b>DOCUMENT # P93000077252</b>					
<b>1. Entity Name</b> OAKART USA INC.					
<b>Principal Place of Business</b> 5724 N. BAYSHORE DR MIAMI, FL 33137 US			<b>Mailing Address</b> 5724 N. BAYSHORE DR MIAMI, FL 33137 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 5600 NE 5 <sup>th</sup> AVENUE		<b>3. Mailing Address</b> 5600 NE 5 <sup>th</sup> AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FLORIDA		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 65-0447992	
<b>Zip</b> 33137		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARDON, SHIRLEY 5724 N BAYSHORE DR MIAMI, FL 33137			<b>7. Name and Address of New Registered Agent</b> Name: PARDON SHIRLEY Street Address (P.O. Box Number is Not Acceptable): 5600 NE 5 <sup>th</sup> AVENUE City: MIAMI FL Zip Code: 33137		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DPT PARDON, LEONARD 5724 N BAYSHORE DR MIAMI, FL 33137		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PARDON LEONARD 5600 NE 5 <sup>th</sup> AVENUE MIAMI FL 33137	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVS PARDON, SHIRLEY 5724 N BAYSHORE DR MIAMI, FL 33137		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PARDON SHIRLEY 5600 NE 5 <sup>th</sup> AVENUE MIAMI FL 33137	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(Empty)	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>  <b>SHIRLEY PARDON</b> <b>4/16/07</b> <b>305-756-5626</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					