

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088393

Entity Name: OAK INT'L, INC.

FILED  
Feb 18, 2008  
Secretary of State

## Current Principal Place of Business:

3203 BIRD AVENUE  
MIAMI, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

8201 NW 66 STREET  
SUITE 3  
MIAMI, FL 33166 US

## New Mailing Address:

13931 SW 140 STREET  
MIAMI, FL 33186 US

FEI Number: 65-0538205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, OSCAR  
3203 BIRD AVENUE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: TORRES, OSCAR  
Address: 3203 BIRD AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: VTD ( ) Delete  
Name: DO PRADO MAIOLI, MONICA  
Address: 3203 BIRD AVENUE  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: OSCAR TORRES

P

02/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date