

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060435

FILED
Oct 01, 2004
Secretary of State

Entity Name: OAK FLEET CORP.

Current Principal Place of Business:

2333 BRICKELL AVE
STE 2807
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

15500 DE HAVILLAND CT
WEST PALM BEACH, FL 33414 US

New Mailing Address:

FEI Number: 65-0718767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, CLAUDIO JAVIER
15500 DE HAVILLAND CT
WEST PALM BEACH, FL 33414 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: D () Delete
Name: ROBLES, MARIA E
Address: 8888 SW 136TH STREET STE 356
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ROBLES, CLAUDIO JAVIER
Address: 2333 BRICKELL AVENUE
City-St-Zip: MIAMI, 331292408

Title: D () Delete
Name: ROBLES, GABRIEL D
Address: 2333 BRICKELL AVENUE
City-St-Zip: MIAMI, 331292408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P/S () Change (X) Addition
Name: ROBLES, CLAUDIO J
Address: 15500 DE HAVILLAND CT.
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIO J. ROBLES

P

10/01/2004

Electronic Signature of Signing Officer or Director

_____ Date