2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060435

Entity Name: OAK FLEET CORP.

FILED Apr 28, 2007 Secretary of State

Current P	rincipal Place	of Busin	ess:	New Prin	New Principal Place of Business:			
	HAVILLAND C LM BEACH, FL		US		DUNTAINVIEW ALM BEACH, F		US	
Current M	lailing Addres	s:		New Mail	New Mailing Address:			
	HAVILLAND C LM BEACH, FL		US		3006 ROSE CREEK CT. OAKTON, VA 22124 US			
FEI Number	: 65-0718767	FEI Num	ber Applied For()	FEI Number Not App	plicable ()	Certificate	e of Status Desired ()	
Name and	Address of C	urrent R	egistered Agent:	Name and	d Address of	New Regi	stered Agent:	
ROBLES, CLAUDIO J 15500 DE HAVILLAND CT WEST PALM BEACH, FL 33414 US				1845 WIL	WELLINGTON TAX SERVICES 1845 WILTSHIRE BLVD. WEST PALM BEACH, FL 33414 US			
	named entity se of Florida.	submits th	is statement for the p	ourpose of changing	its registered	office or re	gistered agent, or both,	
SIGNATURE: PATRICIO GONZALEZ					04/28/2007			
	Electron	ic Signati	re of Registered Ag	ent		С)ate	
Election Car	mpaign Financing	g Trust Fun	d Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () ROBLES, MARI 13485 FOUNTA WELLINGTON,	INVIEW BL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () ROBLES, CLAU 15500 DE HAVI WELLINGTON,	LLAND CT.	Js	Title: Name: Address: City-St-Zip:	ROBLES, CLA 3006 ROSE C	REEK CT.) Addition	
Title: Name: Address: City-St-Zip:	D () ROBLES, GABI C/O 13485 FOU WELLINGTON,	JNTAINVIEV	V BLVD.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: Citv-St-Zip:	P/S () ROBLES, CLAU 15500 DE HAVI WEST PALM B	LLAND CT.	22414	Title: Name: Address: City-St-Zip:	ROBLES, CLA 3006 ROSE C	REEK CT.) Addition	

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: CLAUDIO ROBLES P 04/28/2007