

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060435

Entity Name: OAK FLEET CORP.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

13485 FOUNTAINVIEW BLVD
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

3006 ROSE CREEK CT.
OAKTON, VA 22124 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:

WELLINGTON TAX SERVICES
1845 WILTSHIRE BLVD.
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: 13485 FOUNTAINVIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414 US

Title: D () Delete
Name: ROBLES, CLAUDIO J
Address: 3006 ROSE CREEK CT.
City-St-Zip: OAKTON, VA 22124

Title: D () Delete
Name: ROBLES, GABRIEL D
Address: C/O 13485 FOUNTAINVIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414

Title: P/S () Delete
Name: ROBLES, CLAUDIO J
Address: 3006 ROSE CREEK CT.
City-St-Zip: OAKTON, VA 22124

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: () 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: CLAUDIO J. ROBLES

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date