

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 032 ***150.00

DOCUMENT # P96000072489 1. Entity Name OAKLAND CAR SERVICE, INC.					
Principal Place of Business 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311			Mailing Address 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0710374				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHNEIDER, JACOB 3501 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311			Name A. C. BERGMAN Street Address (P.O. Box Number is Not Acceptable) 7451-W OAKLAND PK BLVD City LAUDERHILL FL Zip Code 33319		
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.					
SIGNATURE <u><i>A. C. Bergman</i></u> DATE <u>1-10-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMME, MARLENE 366 MELBA STREET STATEN ISLAND, NY 10314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRONNE, RICHARD 366 MELBA ST STATEN ISLAND, NY 10314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMME, RICHARD 366 MELBA ST STATEN ISLAND, NY 10314 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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.					
SIGNATURE: <u>Marlene Fromme</u> Date <u>1-12-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					