

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90202 031 ***150.00

DOCUMENT # P97000005043

1. Entity Name

2857 EAST OAKLAND PARK BOULEVARD CORP.



Principal Place of Business

2857 EAST OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33306

Mailing Address

2857 EAST OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33306



02192004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0821444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, LAWRENCE ESQ
3326 NE 33 STREET
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

DEPARTMENT OF STATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSDT
GAGLIARDI, MICHAEL JR.
2857 EAST OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #