2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM DOCUMENT # P97000005045 Secretary of State t. Entity Name EAST OAKLAND PARK REALTY CORP. Principal Place of Business Mailing Address 2857 EAST OAKLAND PARK BLVD. FT LAUDERDALE FL 33306 2857 EAST OAKLAND PARK BLVD. FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0611284 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLCAK, LAWRENCE ESQ 3326 NE 33 STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required whos reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSDT BILE ☐ Oelete TITLE ☐ Change ☐ Addition GAGLIARDI, MICHAEL SR NAME NAME <u> UQOQOQ436199</u> STREET ADDRESS STREET ADDRESS 2857 E OAKLAND PARK BLVD. 02/27/06-80028-002 158.75 CITY-SI-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 TITLE ☐ Delete ☐ Change ☐ Addis SHE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu Delete RRU Change Magain STREET ADDRESS STHLES ADDRESS CHY-ST-709 CITY-ST-ZIP TITLE □ At the Delete. ☐ Change TETEF MAME NAMŁ STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ____ Adi±in. NAME AIAAAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete tille □ Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-71P CHY-ST-DP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 1

7-13-66

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED