2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
03-27-2006 90254 029 ***150.00

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DOCUMENT # P97000033539

1. Entity Name

OAKLAND PALM APARTMENTS, INC.

Principal Place of Business	Mailing Address
4071 N DIXIE HWY OAKLAND PARK FL 33334	1045 NE 39 DRIVE OAKLAND PARK FL 33334

DDU1U617

2. Principal Place of Business	3. Mailing Address
1045 NE 39 Drive	1045 NE 39 Drive
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2
City & State OAKland PARK FL	City & State OAKland PARK FL
Zip 33334 Country Broward	Zip 33334 Country Broward

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0770916 ☐ 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
CHIARAMONTE, JOSEPH 4071 N DIXIE HWY OFFICE OAKLAND FL 33334	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIARAMONTE, JOSEPH	NAME	
STREET ADDRESS	1045 NE 39 DRIVE#2	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIARAMONTE, ROSEANNE	NAME	
STREET ADDRESS	1045 NE 39 DRIVE #2	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I 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 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] President 10/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joe Chiaramonte 954-296-2455