2004 FOR PROFIT CORPORATION -**ANNUAL REPORT (AR)**

DOCUMENT # P98000058791

1: Entity Name

OAKLAND PARK BLVD INVESTMENT CORP.



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91014 027 ***150.00



RECEIVE ADDRESS SUBJ RECEIVED BOOM CARLAND PARK SLVD., SUITE 100 2. Principal Place of Business 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 2. SounderDALE FL 33311 2. Principal Place of Business 3. Maling Address SOUNDERDALE FL 33311 3. Maling	SAREARD I ARK BEVD, HAVESTWIELD GOTT.				7	
PT LAUDERDALE FL 33311	Principal Place of Business Mailing Address					
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Sulfe, Apt. # efc	Principal Place of Business 3. Mailing Address					
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SIMRING, ELIS S 800 W OAKLAND PARK BLVD., SUITE 100 FT LAUDERDALE FL 33311 8. The above named entity submits this statement for the purpose of changing its registured office or registered agent, or both, in the State of Fordia. Tam familiar with, and accept the beginning the purpose of changing its registured office or registered agent, or both, in the State of Fordia. Tam familiar with, and accept the beginning the purpose of changing its registured office or registered agent, or both, in the State of Fordia. Tam familiar with, and accept the beginning the purpose of changing its registured office or registered agent, or both, in the State of Fordia. Tam familiar with, and accept the beginning the purpose of changing its registured office or registered agent, or both, in the State of Fordia. Tam familiar with, and accept the beginning to present agent and the septeable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT. BY ABSENCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT. BY ABSENCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT. BY ABSENCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT. BY ABSENCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. BY ABSENCE ADDITIONS IT. BY ABSENCE ADDI	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
SINRING, ELLIS S 800 W OAKLAND PARK BLVD., SUITE 100 FILE AUDERDALE FL 33311 City FL		6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	
SIMRING, ELLIS S 800 W OAKLAND PARK BLVD., SUITE 100 FT LAUDERDALE FL 33311 City FL Zip Code City FL Zip Co	·			-Name		
Street Address (P.O. Box Number is Not Acceptable) City	SIM	RING, ELLIS S				
8. The above named entity submits this statement for the purpose of changing its registered agiont, or both, in the State of Florida. I am farmitiar with, and accept the byte of purpose or prince fragilistered agiont, or both, in the State of Florida. I am farmitiar with, and accept the byte of purpose or purpose agion and like a replicable. (MOTE flugorisers Agent signature resurred when recisioning) Fill NOW!!! FEE IS \$150.00	800 W OAKLAND PARK BLVD., SUITE 100			Street Addres	ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and accept throughdistions of registered agent. SIGNATURE Sepature Type of printed name of implowed agent and life it applicable. (NOTE Reposers Agent signature required when remainting) After May 1, 2004. Fee will be \$550.00 After May 1, 2004. Fee				City	Zip Code	
Signature in page for primer name of largeament agent and offlet in page series beginning in Signature in page series agent and offlet in page series agent agen	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					
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After May 1, 2004 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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		certify that the information supplied with	this filing does not qualify for		Section 119 07/3Vi) Florida Statutos I further certifu 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 pike empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-566-6441-