2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat	
DOCU 1. Entity Nam	MENT # P98000058	791			cretary or State
OAKLAND PARK BLVD. INVESTMENT CORP.					
Principal Plac	e of Business	Malling Address	<u> </u>]	
800 W OAKLAND PARK BLVD., SUITE 100 FT LAUDERDALE, FL 33311 800 W OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311			, suite 100		
					
				02242005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-0860737	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	egistered Agent	T		
SIMRING, ELLIS S 800 W OAKLAND PARK BLVD., SUITE 100 FT LAUDERDALE, FL 33311				DO NOT WE	
			IN THIS SPACE		
the obligati	named entity submits this statement for ons of registered agent Signature typed or primed name of registered agent an		ed office or register of Agent signature required		a I am familiar with and accept Date
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS	J		
TITLE NAME STREET ADDRESS	D SIMRING, ELLIS 800 W OAKLAND PARK BLVD., SUITE 100				16844 0083-013 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE, FL 33311				
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET AGDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

Will Eller Simony Dira

2/27/0,5

954-564-2463

Daylime Phone