2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 8:00 am **DOCUMENT # P98000092947** Secretary of State 1. Entity Name OAK CONSTRUCTION OF SOUTHEAST FLORIDA, INC. 01-27-2005 90048 034 ***150.00 Principal Place of Business Mailing Address 4000 SW 30TH AVE 4000 SW 30TH AVE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0890219 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEDER, NATHAN I Street Address (P.O. Box Number is Not Acceptable) 520 BLUE LAGOON DRIVE! SUITE 600 MIAMI, FL 33126 1330 S.E. FOURTH AVENUE, SUITE G City FORT LAUDERDALE 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 narrie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE ☐ Change ☐ Addition MEDRANO, CARLOS NAME NAME 4000 S.W. 30TH AVENUE STREET ADDRESS 4000 SW 20TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-7IP TILE VP Delete IIILE ☐ Change Addition AYLOR, FORREST W NAME NAME STREET ADDRESS 40000 SW 30TH AVE STREET ADDRESS CITY-ST-71P FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MEDRANO, CHARLES NAME STREET ADDRESS 4000 SW 30TH AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED