



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90066 043 \*\*\*150.00

<b>DOCUMENT # P99000102272</b> 1. Entity Name <b>SHOPPES OF OAKLAND PARK, INC.</b>					
Principal Place of Business <b>7204-7292 WEST OAKLAND PARK BLVD. LAUDERHILL, FL</b>				Mailing Address <b>7204-7292 WEST OAKLAND PARK BLVD. LAUDERHILL, FL</b>	
2. Principal Place of Business		3. Mailing Address <b>2328 10th Ave N.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>401</b>			
City & State		City & State <b>Lake Worth FL</b>			
Zip <b>33428</b>	Country <b>USA</b>	4. FEI Number <b>65-0963567</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STEIN, CHARLES 2328 10TH AVENUE NORTH SUITE #401 LAKE WORTH, FL 33461</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STEIN, CHARLES 2328 10TH AVE N STE 401 LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P UDWIN, DENNIS 2328 10TH AVE N, STE 401 LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>4/22/04</b></span> <span><b>561-533-0344</b></span> </div> <small>Date Daytime Phone #</small>					