

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S64336 1. Entity Name OAKS DEVELOPMENT CORPORATION					
Principal Place of Business 11030 N. KENDALL DR. SUITE 100 MIAMI FL 33176		Mailing Address 11030 N. KENDALL DR. SUITE 100 MIAMI FL 33176			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0285454 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	
FERNANDEZ-VALLE, MARIA 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134				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 _____ (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 \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROBLES, ALEJANDRO		NAME		
STREET ADDRESS	11030 N. KENDALL DR. #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	U00000427300 02/21/06-80002-001 150.00	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROBLES, FRANK		NAME		
STREET ADDRESS	11030 N. KENDALL DR. #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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: _____

02/09/06 305-271-6991