


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000019706	
1. Entity Name OAKLAND/UNIVERSITY CORP.	

Principal Place of Business C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERICE RD JERICHO, NY 11753	Mailing Address C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERICE RD JERICHO, NY 11753
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3422650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ADORNO & YOSS C/O JOHN J SHAHADY 350 E LAS OLAS BLVD., STE. 1700 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000476100

04/05/06-80044-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ROBERT A 33 SOUTH SERICE RD JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, FLORENCE 33 SOUTH SERICE RD JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, DAVID S 33 SOUTH SERICE RD JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attached page with an address with all other information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, Secy, Treas

Date

Daytime Phone #

516-333-2006