

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91024 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94081884



DOCUMENT # P02000015966					
1. Entity Name A & J OPIZO SERVICE CO.					
Principal Place of Business 1062 S.W. 128 AVE. MIAMI, FL 33184			Mailing Address 1062 S.W. 128 AVE. MIAMI, FL 33184		
2. Principal Place of Business 12760 s. w. 18 street Suite, Apt. #, etc. MIAMI, FL 33175 City & State		3. Mailing Address 12760 S. W. 18 street Suite, Apt. #, etc. MIAMI, FL 33175 City & State		04262004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 01-0606297 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, JOSEFINA M 1062 S.W. 128 AVE. MIAMI, FL 33184			7. Name and Address of New Registered Agent Name OPIZO, ANGEL R. Street Address (P.O. Box Number is Not Acceptable) 12760 S. W. 18 STREET City MIAMI FL 33175		
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OPIZO, ANGEL R 1062 S.W. 128 AVE. MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OPIZO, ANGEL R. 12760 S. W. 18 STREET MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 		ANGEL R. OPIZO DP		04-26-04 305-218-7791	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					