

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

05-03-2004 91024 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015966						<p style="text-align: right; font-size: 24pt;">94081884</p>	
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 _____							
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<p>\$5.00 May Be Added to Fees</p>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	OPIZO, ANGEL R	NAME	OPIZO, ANGEL R.				
STREET ADDRESS	1062 S.W. 128 AVE.	STREET ADDRESS	12760 S. W. 18 STREET				
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP	MIAMI, FL 33175				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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							