

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119300

Entity Name: RESOLVE OPA, INC.**Current Principal Place of Business:**1510 SE 17 STREET STE 400
FT. LAUDERDALE, FL 33316**Current Mailing Address:**1510 SE 17 STREET STE 400
FT. LAUDERDALE, FL 33316**FEI Number:** 51-0552062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARRELL, JOSEPH EJR
1510 SE 17 STREET STE 400
FT. LAUDERDALE, FL 33316 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	FARRELL, JOSEPH EJR
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	STD
Name	FARRELL, MARY B
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	COO
Name	IMAM, FARHAT
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	D
Name	JOHNSTON, DENISE
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	CFO
Name	CROTHERS, WILLIAM V
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	D
Name	DUKE, RICHARD T
Address	1510 SE 17 STREET STE 400
City-State-Zip:	FT. LAUDERDALE FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FARRELL , JOSEPH EJR**PRESIDENT****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date