

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 411051

FILED
Feb 13, 2007
Secretary of State

Entity Name: OPA LOCKA REALTY INC

Current Principal Place of Business:

1326 JANN AVE.
OPA LOCKA, FL 330543332

New Principal Place of Business:

14880 NW 27 AVENUE
OPA LOCKA, FL 33054

Current Mailing Address:

1326 JANN AVE.
OPA LOCKA, FL 330543332

New Mailing Address:

14880 NW 27 AVENUE
OPA LOCKA, FL 33054

FEI Number: 59-1482162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNECK,DON O.
1326 JANN AVE.
OPA LOCKA, FL US

Name and Address of New Registered Agent:

PATRICIA SIMMONS
14880 NW 27 AVENUE
OPA LOCKA, FL 33054 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: PATRICIA SIMMONS

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNECK,DON O.,
Address: 1326 JANN AVE
City-St-Zip: OPA LOCKA, FL

Title: D (X) Delete
Name: SCHNECK,DON J.,
Address: 1326 JANN AVE
City-St-Zip: OPA LOCKA, FL

Title: D (X) Delete
Name: SCHNECK,CLAIRE E.,
Address: 1326 JANN AVE
City-St-Zip: OPA LOCKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMMONS, PATRICIA
Address: 14880 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA SIMMONS

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date