

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H39849

FILED
Feb 11, 2004
Secretary of State

Entity Name: GARY OPPER AND ASSOCIATES, INC.

Current Principal Place of Business:

C/O GARY OPPER
1226 JASMINE CIRCLE
FT LAUDERDALE, FL 33326

New Principal Place of Business:

C/O GARY OPPER
1639 BONAVENTURE BLVD.
WESTON, FL 33326

Current Mailing Address:

C/O GARY OPPER
1226 JASMINE CIRCLE
FT LAUDERDALE, FL 33326

New Mailing Address:

C/O GARY OPPER
1304 S.W. 160TH AVE., STE. 355
WESTON, FL 33326

FEI Number: 59-2481999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPPER, GARY
1226 JASMINE CIRCLE
FT LAUDERDALE, FL 33326

Name and Address of New Registered Agent:

OPPER, GARY
1639 BONVENTURE BLVD.
WESTON, FL 33326

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:

02/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OPPER, GARY,
Address: 1226 JASMINE CIRCLE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OPPER, GARY,
Address: 1639 BONVENTURE BLVD.
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY OPPER

PD

02/11/2004

Electronic Signature of Signing Officer or Director

Date