2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachere

SIGNATURE:

Aug 02, 2004 8:00 am Secretary of State **DOCUMENT # K68984** 1. Entity Name 08-02-2004 90005 032 ***158.75 OPUS PLUS, INC. Principal Place of Business. Mailing Address C/O LOUISA R. DEBEN 2200 LINCOLN AVE. COCONUT GROVE FL 33133 54065969 C/O LOUISA R. DEBEN 2200 LINCOLN AVE. COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0216665 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBLES, OCTAVIO 2200 LINCOLN AENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$.607.193(2)(b), F.S., allows for the warrent late fee. By checking this box, the corporation certifies it. Fee to file is \$150.00. \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PD TITLE T Change ☐ Addition □ Delete OCTAYIO, ROBLES NAME NAME 2200 LINCOLN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this tiling 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

er like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED