2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M28901

1. Entity Name

KEVIN S. OPOLKA, P.A.



Principal Place of Business

Mailing Address

7850 NW 146 ST

STE 502

MIAMI LAKES, FL 33016

7850 NW 146 ST STE 502

MIAMI LAKES, FL 33016 US

FILED Apr 24, 2008 08:00 AM Secretary of State

Fee Required



DO N	10T	WRITE	IN	THIS	SPACE
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V4U0ZUU0 14C	Clig-r	CR2E054 (11/05)			
4. FEI Number		···	Applied For		
59-2675813			Not Applicable		
E. Cartificate of Stat	un Donisod	□ \$8.	.75 Additional		

6. Name and Address of Current Registered Agent

OPOLKA, KEVIN S. **7850 NW 146 STREET** STE 502 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pricions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if	epplicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSD OPOLKA, KEVIN S. 7850 NW 146 ST MIAMI LAKES, FL 33018				.H00000918733	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1			.000000918733 05/13/08-80095-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes + 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.						

ONFICER OR DIRECTOR