

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74223

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE INSURANCE HOUSE OF OPA-LOCKA, CORP.

Current Principal Place of Business:

1355 DUNAD AVE.
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540697
OPA-LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-0057833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, ROBERT E.
1355 DUNAD AVE.
OPA-LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: MACK, ROBERT E.,
Address: 1355 DUNAD AVE.
City-St-Zip: OPA-LOCKA, FL

Title: VP () Delete
Name: MACK, V. JAMAL
Address: 1355 DUNAD AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MACK, U. JAMAL
Address: 1355 DUNAD AVE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MACK

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date