

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90111 036 ***150.00

DOCUMENT # P00000064227

1. Entity Name
OPPORTUNITE, INC.



Principal Place of Business

**20803 BISCAYNE BLVD
SUITE 305
AVENTURA, FL 33180**

Mailing Address

**20803 BISCAYNE BLVD
SUITE 305
AVENTURA, FL 33180**

24044715



2. Principal Place of Business

**19495 Biscayne Blvd.
Suite 409**

3. Mailing Address

**19495 Biscayne Blvd.
Suite 409**

04072004 Chg-P CR2E034 (10/03)

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number
65-1022027

Applied For
Not Applicable

Zip

33180

Country

Miami-Dade

Zip

33180

Country

Miami-Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BISBING, MARK
200 S BISCAYNE BLVD SUITE 2410
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DORON, RONY**
STREET ADDRESS **20803 BISCAYNE BLVD, SUITE 305**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rony Doron

Rony Doron

4/7/04 305.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #