2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED Apr 24, 2003 8:00 am Secretary of State

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NAME STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	DOCUMENT # P0100009692 1. Entity Name OPPORTUNITY CAPITAL CORP.						Secretary of State 04-24-2003 90161 038 ***150.00				
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City & State Country Country S. Conflicate of Status Desired Additional From Status Stat	Principal Place of Business Address Mailing Address]	J!!! 60] 80 84 0 0	// # 6 //// 1	0110 1101 160 1	
Signature Sign											
FERNAND LAMOTHE CHARTERED ACCOUNTANT	·						4. FEI Number 65-1071917		No	t Applicable	
FERNAND LAMOTHE CHARTERED ACCOUNTANT 1401 DEWEY ST. HOLLYWOOD FI. 33020 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 acceptions of registered agent, or both, in the State of Florida. I am familiar with, and acceptions of registered agent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ITILE NAME SINET ADDRESS OTFY-ST-ZP ITILE NAME SINET ADDRESS OTFY-ST-ZP TILE NAME SINET ADD	Zip 	*	<u> </u>		Coun	try		Fee R	equirec	itional	
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1401 DEWEY ST. HOLLYWOOD FL 33020 City FL Zip Code						Name	•			ļ	
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 Graphese typical or grinded name of registered agent						Street Address (P.O. Box Number is Not Acceptable)					
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 and the if applicable. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT. NAME NAME NAME NAME NAME NAME NAME SIRRET ADDRESS OTIV-ST-ZIP TILE NAME SIRRET ADDRESS OTIV-ST-ZIP TILE NAME SIR	HOLLYWO	OD FL 33020									
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP			ement for the purp	ose of changing its	registere	ed office or register	ed agent, or both, in the State of F	orida. I am familia	r with, a	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 LAMOTHE, FERNAND LAMOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD FL 33020 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE OBlete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE OBlete TITLE OBLETE OBLETE OBLETE OBLETE SIREET ADDRESS CITY-ST-ZIP TITLE OBLETE OBLET	SIGNATURE.	Signature, typed or printed name of registr	ered agent and title if app	olicable (NOTE:	Registere	d Agent signature required	when reinstating)	DATE			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-S	After	May 1, 2003 Fee will be \$	550.00				, -				
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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAMI STRE CITY	ET ADDRESS ST-ZIP		·	_	Addition	

indicated on this report of 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR