


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000012523
1. Entity Name
OPA LOCKA MUFFLER SHOP, INC.



Principal Place of Business _____ Mailing Address _____
14700 N.W. 22ND AVE. 14700 N.W. 22ND AVE.
OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

2. Principal Place of Business _____ 3. Mailing Address _____
Suite, Apt #, etc _____ Suite, Apt. #, etc _____

City & State _____ City & State _____
Zip _____ Country _____ Zip _____ Country _____



02102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
SANCHEZ, CARLOS H.
6892 NW 169 ST.
APT F
HIALEAH, FL 33015

4. FEI Number 03-0396620 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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: Carlos H Sanchez President DATE: 3-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	SANCHEZ, CARLOS M.	
STREET ADDRESS	6892 NW 169 ST., APT. F	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	000000276139		
CITY-ST-ZIP	03/25/05-80030-002 150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
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)(f), 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: Carlos H Sanchez President DATE: 3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR