

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061696

1. Entity Name
ULTIMATE OPA SPORTS INC.



FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90080 008 ***150.00

Principal Place of Business,
12705 NW 42ND AVE.
OPA LOCKA, FL 33054

Mailing Address
710 SE 3RD AVE
HALLANDALE, FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252006

Chg-P

CR2E034 (11/05)

4. FEI Number

83-0360717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEN YAIR, DAVID
7488 NW 17TH DR.
PEMBROKE PINES, FL 33024

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, 2006 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEN YAIR, DAVID
7488 NW 17TH DR.
PEMBROKE PINES, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BEN YAIR, DAVID
710 SE 3RD AVE
Hallandale Fl 33009 ☒ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
D
BEN YAIR, BRANNY
7488 NW 17TH DR.
PEMBROKE PINES, FL 33024 ☐ Delete

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Hallandale Fl 33009 ☒ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Ben Yair DAVID BEN YAIR 4/4/6 305-769-7266