2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P03000093490

Entity Name: OPCD, INC.

Current Principal Place of Business:

17000 NORTH BAY RD., STE. #1502
SUNNY ISLES, FL 33160

New Principal Place of Business:

63 NE 89TH STREET
MIAMI, FL 33138

Current Mailing Address:

17000 NORTH BAY RD., STE. #1502
SUNNY ISLES, FL 33160

New Mailing Address:

KING & LENSON CPA 7000 W PALMETTO PK. RD.
SUITE 502
BOCA RATON, FL 33433

FEI Number: 57-1183005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

POLLACK, ODED
63 NE 89TH STREET
MIAMI, FL 33138 US

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: ODED POLLACK 10/06/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: POLLACK, ODED
Address: 17000 NORTH BAY RD., STE. #1502
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: POLLACK, ODED
Address: 63 NE 89TH STREET
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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: ODED POLLACK PSTD 10/06/2006
Electronic Signature of Signing Officer or Director Date