

# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000121866

1. Entity Name

OPIMIAN GROUP, INC.



11 MAY 11 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

The Peninsula Inn 2931 Beach Blvd S

Suite, Apt. #, etc. Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

City & State

4. FEI Number

Applied For

City & State

City & State

20-1535953

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Alexandra Kingall

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

7156 S Shore Dr

City

S Pasadena

FL

Zip Code

33107

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

abreyak@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Alexandra Kingall  
7156 S Shore Dr  
S Pasadena, FL 33107

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

James Kingall  
7156 S Shore Dr  
S Pasadena, FL 33107

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

310 Foothill Rd  
Geneseville, NV 89460

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000207262460

05/05/11--01004--028 \*\*150.00

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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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #