FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90164 039 ***185.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000100800 1. Entity Name OP HOME IMPROVEMENTS INC.							A SEE	40066934					
Principal Place of Business 15962 S.W. 61 LANE MIAMI, FL 33193 US			1	Mailing Address 15962 S.W. 61 LANE MIAMI, FL 33193 US									
2. Principal Place of Business - No P.O. Box #			# 3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04152007	Chg-P	CF	R2E034 (12/06)	
City & State				City & State				4. FEI Number 20-3195979			No	plied For Applicable	
Zip		Country		Zip	Count	ry		L	of Status Desi		Fee	75 Addi Required	
UNITED S' 1111 UNC SUITE 409 MIAMI BEA	TATES C	o and Address of Co				Name (Street Address 1596 City	ss (F	7. Name and SCOY P.O. Box Number SW	Pas	とUラ ptable)		Zip Code	143
the obligati	Signature, typed		ed agent and title	nurpose of changing its if applicable (NOTE 9. Election Campai Trust Fund Cont	E. Registered	d Ageni signature req	wired	ed agent, or bo	th, in the State		l am fami	fiar with,	and accept
10.	*************	OFFICER	S AND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO	OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L, OSCAR W. 61 LANE L 33193		; Delete	Ħ						L.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	Ħ	•						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				C3 Delete	8							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	Na .							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	В	į						Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				(Delete	ÇITY	e et address -st-zip						Change	Addition
				filing does not qualify for and accurate and that is not o execute this report all other like empowered	my signa: . as requi	ture shall have red by Chapter	607	same legal effer 7, Florida Statute					Block 11 if
SIGNAT	ruré:	SIGNATURE AND TY	PEB OR RINTE	D NAME OF SIGNING OFFICER		1) resid	e.	u/	Date	1 10 1	Daytin	ne Phone #	77776

ATTACHMENT

COVER LETTER 40066932

TO: Amendment Section Division of Corporations
SUBJECT: 6P Home Improvements Inc. (Name of Corporation)
DOCUMENT NUMBER: P 05000100800
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oscar Pascual
(Name of Contact Person)
OP Home Improvements In c. (Firm/Company)
(Firm/Company)
15962 SW 6/st Lone (Address)
M17mi FL 77195-5796 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 777 7776 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ATTACHMENT 40066932 THE POSO 0 100800 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is s	ns of sections 607.0502, 617 ubmitted for a corporation o nge its registered office or re	rganized under the law	s of the State of I	ELORIDA
The name of the corp	oration: OP HON	e Improv	rements o	Inc
2. The principal office a Mパラカ	oration: OP Hon ddress: 15962 , FL ろう197	5W 6/st	Lane	
3. The mailing address (
4 Date of incompration	/qualification:	Document n	umber: P050	000 100 800
The name and street a Florida Department o	address of the current registe	red agent and registered	l office on file with	h the
6. The name and street a (if changed):	OBLAY PO 15962 SW (P.O. Box NOT according)	5642/	-	
The street address of its as changed will be ider	s registered office and the s	treet address of the bu	siness office of its	s registered agent,
(Signature of m of the application of the applicati	ofized by resolution duly add, of the corporation has be of the corporation has be officer of director) pointment as registered age of the with the provisions of all familiar with and accept the merely to reflect of change notification writing of this change of the c	OSCAY (Print	POSCVO ted or typed name and ti	1, President
If signing on behalf of	an entity:			
(Typed or F	Printed Name)			

* * * FILING FEE: \$35.00 * * *