

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103091

Entity Name: WOLFGANG OPITZ INC

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 1328-33008  
HALLANDALE BEACH, FL 33008

**New Principal Place of Business:**

256 3 ISLANDS BLVD #304  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

P.O. BOX 1328-33008  
HALLANDALE BEACH, FL 33008

**New Mailing Address:**

FEI Number: 20-3804001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPITZ, WOLFGANG  
256 THREE ISLANDS BLVD  
SUITE 304  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OPTIZ, WOLFGANG  
Address: 256 THREE ISLANDS BLVD, SUITE 304  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WOLFGANG OPITZ

PRES

01/09/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date