FROM :Acctng. Res FAX NO. :9545818005 5/2

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Jun 23, 2006 8:00 am
Secretary of State

05-02-2006 90196 028 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000181969

1. Entity Name
O.P. SERVICES, INC.

66020458

Principal Place of Business	Mailing Address
901 NE 209TH TERRACE #102 MIAMI, FL 33179 US	901 NE 209TH TERRACE #102 MIAMI, FL 33179 US

2. Principal Place of Business	3. Mailing Address
703 SUNNY PINE WAY	703 SUNNY PINE WAY
Suite, Apt. #, etc. #D1	Suite, Apt. #, etc. #D1
City & State WEST PALM BEACH, FL.	City & State WEST PALM BEACH, FL.
Zip 33415 Country U.S.A.	Zip 33415 Country USA

04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3924980 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, OSCAR
901 NE 209TH TERRACE
#102
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name HERNANDEZ, OSCAR
Street Address (P.O. Box Number is Not Acceptable)
703 SUNNY PINE WAY # D1
City WEST PALM BEACH, FL Zip Code 33415

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] 4/28/06
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	P HERNANDEZ, OSCAR 901 NE 209TH TERRACE #102 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDEZ, OSCAR 703 SUNNY PINE WAY #D1 WEST PALM BEACH, FL 33415 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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] 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #