

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90031 013 ***150.00

DOCUMENT # P05000161969

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



Principal Place of Business
703 SUNNY PINE WAY
D-1
WEST PALM BEACH, FL 33415 US

Mailing Address
703 SUNNY PINE WAY
D-1
WEST PALM BEACH, FL 33415 US

2. Principal Place of Business - No P.O. Box #
215 WATERWAY VILLAGE CT.

3. Mailing Address
215 WATERWAY VILLAGE CT.

Suite, Apt. #, etc.
#215

Suite, Apt. #, etc.
#215

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH FL.

Zip
33413

Country
US

Zip
33413

Country
US

04302007 Chg-P CR2E034 (12/06)

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
703 SUNNY PINE WAY #D-1
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name
HERNANDEZ, OSCAR

Street Address (P.O. Box Number is Not Acceptable)
215 WATERWAY VILLAGE CT. #215

City
WEST PALM BEACH FL

Zip Code
33413

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 reinstating)

DATE

4/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, OSCAR 703 SUNNY PINERWAY #D-1 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, OSCAR 215 WATERWAY VILLAGE CT. #215 WEST PALM BEACH. 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #