

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086812

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: OPA LOCKA CLUB HOUSE INC

**Current Principal Place of Business:**

3895 NW 183RD STREET  
MIAMI GARDENS, FL 33055 US

**New Principal Place of Business:**

**Current Mailing Address:**

3895 NW 183RD STREET  
MIAMI GARDENS, FL 33055 US

**New Mailing Address:**

FEI Number: 26-0638394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EASON, CHARLIE  
3895 NW 183RD STREET  
MIAMI GARDENS, FL 33055 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: EASON, CHARLIE  
Address: 3895 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: VP ( ) Delete  
Name: MARSHALL, MICHAEL  
Address: 2051 NW 27TH STREET APT 218  
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: SEC ( ) Delete  
Name: EASON, DEBORAH  
Address: 3895 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33055 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES EASON

P

02/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date