


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000037562**  
 1. Entity Name  
 OPPORTUNITY FINANCIAL SERVICES, INC.



Principal Place of Business  
 6402 WEST HILLSBOROUGH AVE.  
 TAMPA, FL 33614

Mailing Address  
 6402 WEST HILLSBOROUGH AVE.  
 TAMPA, FL 33614



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASTRO, PETER JR.  
 6402 WEST HILLSBOROUGH AVE.  
 TAMPA, FL 33614

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASTRO, LISA
STREET ADDRESS	6402 WEST HILLSBOROUGH AVE.
CITY - ST - ZIP	TAMPA, FL 33614
TITLE	D
NAME	MASTRO, STEPHEN
STREET ADDRESS	6402 WEST HILLSBOROUGH AVE.
CITY - ST - ZIP	TAMPA, FL 33614
TITLE	D
NAME	MASTRO, PETER
STREET ADDRESS	6402 W HILLSBOROUGH AVE
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/02/04-80028-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # \_\_\_\_\_