

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038992

FILED
May 01, 2006
Secretary of State

Entity Name: OPA LOCKA - PARK CITY, INC.

Current Principal Place of Business:

C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0421308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN, STEPHANIE
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNETT, WILLIE
Address: 6600 N.W. 27 AVENUE - SUITE 109
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MILLER, JERRY
Address: 8221 NW. 198 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: WILSON, PAULETTE
Address: 15830 N.W. 17 COURT
City-St-Zip: OPA LOCKA, FL 33054

Title: PD () Delete
Name: WILLIAMS-BALDWIN, STEPHANIE
Address: 490 OPA LOCKA BLVD #20
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: LOGAN, WILLIE
Address: 490 OPA LOCKA BLVD #20
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: SABIR, NASHID
Address: 18350 N.W. SECOND AVENUE - FIFTH FLOOR
City-St-Zip: MIAMI, FL 33169

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:

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 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: STEPHANIE WILLIAMS-BALDWIN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date