

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038992

FILED  
Mar 26, 2009  
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 (X)

**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

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 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

PD

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date