

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 23, 2011  
Secretary of State**

DOCUMENT# P93000038992

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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOGAN, WILLIE F JR  
Address: 490 OPA-LOCKA BOULEVARD  
City-St-Zip: OPA-LOCKA, FL 33054

Title: VP  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BOULEVARD  
City-St-Zip: OPA-LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

MGR

08/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date