


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90067 021 \*\*\*150.00

<b>DOCUMENT # P93000039015</b>	
1. Entity Name <b>MS. OPAL'S, INC.</b>	

Principal Place of Business <b>2731 N.E. 14 ST. #1006A POMPANO BCH FL 33062 US</b>	Mailing Address <b>2731 N.E. 14 ST. #1006A POMPANO BCH FL 33062 US</b>
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2. Principal Place of Business <b>5283 WATIANKE AVE. Suite, Apt. #, etc. 119</b>	3. Mailing Address <b>11243 ASPEN GLEN DR Suite, Apt. #, etc. 105</b>
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City & State <b>DEIRAY B. FL</b>	City & State <b>BOYNTON B. FL</b>
Zip <b>33484</b>	Zip <b>33437</b>
Country <b>PALM BEACH</b>	Country <b>PALM BEACH</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0414763</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BUSH, OPAL M 2731 NE 14 ST. #1006A POMPANO BCH FL 33062</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		

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 *Opal m Bush* (NOTE: Registered Agent signature required when reinstating) DATE *4-20-05*  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSH, OPAL M 2731 NE 14 STREET, 1006A POMPANO BCH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSH, OPAL M 11243 ASPEN GLEN DR #105 BOYNTON B. FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Opal m Bush* DATE *4-20-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR