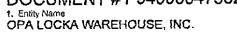
2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P94000047332** t. Entity Name OPA LOCKA WAREHOUSE, INC.

FILED Apr 12, 2006 08:00 AM Secretary of State





Principal Place of Business

3300 SW 117 AVE DAVIE, FL 33330

Mailing Address

P.O. BOX 540528 OPA LOCKA, FL 33054



□

DO NOT WRITE I	N	THIS	SPACE
----------------	---	------	-------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03072006 No Cho-P CR2E034 (11/05)

4. FEI Number 65-0506915 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, JOY ESQ 1000 PONCE DE LEON #320 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered offi	CB OF F	egistered agent, or bo	th, in the State of Florida. 1 am familian	with, and accep
SIGNATURE.	Signature, typed or oxinted name of registered egent and this is	spotpable. INDTE Registered Agent	signature	required when roinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/26/06-80065-020	150.00
10.	OFFICERS AND DIREC	TORS			;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS DESSBERG, VICTOR 3300 SW 117 AVE DAVIE, FL 33328			<u></u>	ing a second of the second of	F
TITLE MAME STREET AUDRESS CHTY-ST-21P	T DESSBERG, VICTOR 3300 SW 117 AVE DAVIE, FL 33328					• -
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
title Name Street address				IN T	THIS SPACE	
CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
12. I hereby of indicated of the corrections	entify that the information supplied with this fill on this report or supplemental report is true at ocration or the receiver or bystey ampowered or on an attachment with an address, with all	ing does not qualify for the exemption accurate and that my signature shall to execute this report as required by other like empowered.	ns con all hav Chapt	tained in Chapter 119 e the same legal effec er 607, Florida Statute	, Florida Statutes. I further certify that if as if made under oath, that I am an o is; and that my name appears in Block	the information flicer or director 10 or Block 11 if