2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

May 02, 2007 08:00 A Secretary of State **DOCUMENT # P94000063768** 1. Entity Name EAST OPA LOCKA WAREHOUSE, INC. Mailing Address Principal Place of Business 3330 SW 117 AVE PO BOX 540528 OPA LOCKA, FL 33054 US **DAVIE, FL 33330** 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0521592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DESSBERG, VICTOR DO NOT WRITE 14647 NORTHWEST 27 AVENUE MIAMI, FL 33054 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DPST DESSBERG, VICTOR NAME 3300 SW 117 AVE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS % uooodookssxx1600000 CITY-ST-ZIP 05/23/07-80003-016 158.00 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 the empowered.

FILED