2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BARRINGTON BARNETT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED Sep 13, 2007 08:00 AM Secretary of State

1. Entity Nam EXCEPT Principal Place 1795 OPA-L	DONAL, INC. De of Business M LOCKA BLVD	ailing Address 795 OPA-LOCKA BLVD		The state of the s	Secretary of Stat
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				<u> </u>	73805 Not Applicable of Status Desired \$8.75 Additional Fee Required
BARNETT, BARRINGTON 1795 OPA-LOCKA BLVD OPA-LOCKA, FL 33054 DO NOT WRITE 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 acceed the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refistating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.			· _ + ·	.00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD BARNETT, BARRINGTON 6752 CAMELLIA DRIVE MIRAMAR, FL 33023	CTORS		-	U00000773848 09/13/07-80002-013 550.00
Title Mame Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN ⁻	THIS SPACE
DTLE NAME STREET ADDRESS CHY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	on this report or supplemental report is true a	ind accurate and that my signat If to execute this report as requir	ure shall have the	same legal effer	9. Florida Statutes. I further certify that the information of as if made under eath, that I am an officer or director es. and that my name appears in Block 10 or Block 11 if