


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000036675	
1. Entity Name OPA-LOCKA MANAGEMENT CORPORATION	

Principal Place of Business C/O OPA LOCKA CDC, STE 20 490 OPA LOCKA BLVD. OPA LOCKA, FL 33054	Mailing Address C/O OPA LOCKA CDC, STE 20 490 OPA LOCKA BLVD. OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0607158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS-BALDWIN, STEPHANIE
490 OPA-LOCKA BLVD, STE. 20
OPA LOCKA, FL 33054

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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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBERTON, DAVE 2520 NW 156 STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, WILLIE 8910 MIRIMAR PKWY, SUITE #210 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTON, MULTON JR 1880 NW 2ND AVENUE, STE 220 E MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS-BALDWIN, STEPHANIE 490 OPA-LOCKA BLVD, #20 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABIR, NASHID 18350 NW 2 AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, WILLIE 490 OPA-LOCKA BLVD, STE 20 OPA LOCKA, FL 33054

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04/30/05-80058-007 158.75

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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: Willie Logan 305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #