


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 Mailing Address
 C/O OPA LOCKA CDC, STE 20 C/O OPA LOCKA CDC, STE 20
 490 OPA LOCKA BLVD. 490 OPA LOCKA BLVD.
 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

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03082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0607158 Not Applicable

5. Certificate of Status Desired \$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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