

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036675

FILED  
May 01, 2006  
Secretary of State

Entity Name: OPA-LOCKA MANAGEMENT CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0607158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PEMBERTON, DAVE  
Address: 2520 NW 156 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D      ( ) Delete  
Name: BARNETT, WILLIE  
Address: 8910 MIRIMAR PKWY, SUITE #210  
City-St-Zip: MIRAMAR, FL 33025

Title: S      ( ) Delete  
Name: FELTON, MULTON JR  
Address: 1880 NW 2ND AVENUE, STE 220 E  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BLVD, #20  
City-St-Zip: OPA LOCKA, FL 33054

Title: D      ( ) Delete  
Name: SABIR, NASHID  
Address: 18350 NW 2 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD, STE 20  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

D

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date