

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036675

FILED
Aug 30, 2007
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 (X)

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

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
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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 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: WILLIE LOGAN

D

08/30/2007

Electronic Signature of Signing Officer or Director

_____ Date