


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/ **FILED**
Aug 16, 2004 8:00 am
Secretary of State

08-02-2004 90006 038 ***550.00

DOCUMENT # P99000016743	
1. Entity Name OPZIONI, INC.	

Principal Place of Business 19626 NW 79th Ave MIAMI GARDENS FL 33015	Mailing Address PO BOX 278436 MIAMI FL 33027
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2. Principal Place of Business 4830 SW 170 Avenue	3. Mailing Address PO BOX 278436
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State South West Ranches, FL	City & State MIRAMON, FL
Zip 33331	Zip 33027
Country Broward	Country Broward

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GONZALEZ, JEANNETTE Gonzalez, Jeannette 19626 NW 79TH AVE MIAMI GARDENS FL 33015 4830 SW 170 Ave South West Ranches, FL 33331	Name Jeannette Gonzalez Street Address (P.O. Box Number is Not Acceptable) 4830 SW 170 Avenue City S.W. Ranches FL Zip Code 33331
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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 *Jeannette Gonzalez* **8/11/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVTS <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE GONZALEZ, JEANNETTE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, JEANNETTE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS PO BOX 278436	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIRAMAR FL 33027	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 4830 SW 170 Ave	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE S.W. Ranches, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeannette Gonzalez* **7/26/04 (305) 790-8474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jeannette Gonzalez **8/11/04**