


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L62832

1. Entity Name
LOPEFRA CORP.



Principal Place of Business
% CECILIO LOPEZ
2601 SW 69TH CT
MIAMI, FL 33155

Mailing Address
% CECILIO LOPEZ
2601 SW 69TH CT
MIAMI, FL 33155



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0182502 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTIGAN, ROSEMARY L
2601 SW 69TH CT
MIAMI, FL 33155

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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 *R. Hartigan* 7/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, CECILIO 2601 SW 69TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRAXEDAS, ENRIQUE 2601 SW 69TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, CARLOS C 2601 SW 67 CT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTIGAN, ROSEMARY L 2601 SW 69 CT. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/07/04-80003-024 150.00

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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)(f), 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: *Cecilio Lopez* 7/2/04 (307) 266-3896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #