
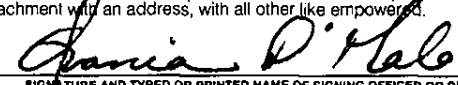


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000097423</b>			
1. Entity Name LOPEZ ACCOUNTING SERVICES INC			
Principal Place of Business 1800 WEST 49 ST 201 HIALEAH, FL 33012		Mailing Address 1800 WEST 49 ST 201 HIALEAH, FL 33012	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3141919	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
LOPEZ, ALINA 1800 WEST 49 STREET 201 HIALEAH, FL 33012			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JORGE R 1800 W 49 ST., #201 HIALEAH, FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, ALINA B 1800 W 49 ST., #201 HIALEAH, FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/8/07	305-825-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #