

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000121462

**Entity Name:** LOPEZ-BRIGNONI LAW, P.A.

**Current Principal Place of Business:**

CORAL GABLES FINANCIAL CENTER  
299 ALHAMBRA CIRCLE SUITE 218  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 140667  
CORAL GABLES, FL 33114 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOPEZ-BRIGNONI, ALFREDO  
CORAL GABLES FINANCIAL CENTER  
299 ALHAMBRA CIRCLE SUITE 218  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title	P, T	Title	S, D
Name	LOPEZ-BRIGNONI, ALFREDO	Name	LOPEZ-BRIGNONI, ALFREDO
Address	CORAL GABLES FINANCIAL CENTER 299 ALHAMBRA CIRCLE SUITE 218	Address	CORAL GABLES FINANCIAL CENTER 299 ALHAMBRA CIRCLE SUITE 218
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** LOPEZ-BRIGNONI, ALFREDO

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date