

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000020365

Entity Name: ANDRES LOPEZ CONNECTIONS INC**Current Principal Place of Business:**6604 NW 59TH STREET
TAMARAC, FL 33321**Current Mailing Address:**6604 NW 59TH STREET
TAMARAC, FL 33321 US**FEI Number: 82-4666484****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ MILLAN, ANDRES FELIPE
1036 CORAL CLUB DRIVE
CORAL SPRINGS, FL 33071 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 |
| Name | LOPEZ MILLAN, ANDRES F |
| Address | 1036 CORAL CLUB DR |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | LOPEZ ORTIZ, GILBERTO J |
| Address | 5165 NW 1ST STREET |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | MILLAN BONILLA, LUZ DARY |
| Address | 5165 NW 1ST STREET |
| City-State-Zip: | MIAMI FL 33126 |

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: ANDRES F LOPEZ MILLAN**PRESIDENT****01/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date