


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90416 014 ***158.75

DOCUMENT # 478372
 1. Entity Name
CANTELOP PROPERTY INVESTMENT, INC.



40089413



01242007 Chg-P CR2E034 (12/06)

Principal Place of Business
**2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

Mailing Address
**2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0265658

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
 2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

T NAME STREET ADDRESS CITY-ST-ZIP	CANTERA LOPEZ, AMADA 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	<input type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ-CANTERA, AMADA 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	<input type="checkbox"/> Delete
PV NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ-CANTERA, CARLOS C 150 ALHAMBRA CIRCLE, SUITE 925 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recipient of trustee empowerment; that I executed 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 my address, with a trustee empowerment.

SIGNATURE: Carlos Lopez-Cantera **Ando7 (305)461-0563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #