## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2007 08:00 AN Secretary of State **DOCUMENT # 573485** 1. Entity Name EL PIBE, INC. Principal Place of Business Mailing Address 3263 N.W. 17TH AVE. MIAMI FL 33142 3263 N.W. 17TH AVE. MIAMI FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1831247 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, JULIAN 3263 N.W. 17TH AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 City 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 tille if applicable. (NOTI): Ragistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL ☐ Delete HILE Change Addition LOPEZ, JULIAN NAME NAME U00000726266 3263 N.W. 17TH AVE. STREET ADDRESS STREET ADDRESS 05/03/07-80055-022 150.00 **MIAMI FL 33142** CHY-SI-ZIP CITY-ST-ZIP S DHIE Delete Change Addition TITLE LOPEZ, MARIA C NAMI NAME 3263 N.W. 17TH AVE. STREET ADDRESS STREET ADDIVIESS CHY-SI-ZIP MIAMI FL 33142 CITY-SI-7IP THUE □-Delete Change Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+ST-ZIP TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP DILL Delete ☐ Change TITLE Addition NAME NAME STREET AODRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attaghment with an address; with all other like empowered.

JULIAN LOPEZ

**FILED** 

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