


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90186 050 ***150.00

DOCUMENT # 620525 1. Entity Name LOPEZ BROTHERS CORPORATION					
Principal Place of Business 2601 SW. 69 COURT MIAMI, FL 33155			Mailing Address 2601 SW. 69 COURT MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARTIGAN, ROSEMARY L 2601 S.W. 69 COURT MIAMI, FL 33155				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 <u><i>R. Hartigan</i></u> DATE <u>7/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPEZ, CECILIO 2601 S.W. 69 COURT MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosemary L. Hartigan 2601 S.W. 69 Ct. Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, CARLOS C. 2601 SW 69TH MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Cecilio Lopez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/2/04</u> Daytime Phone # <u>(305) 266-3896</u>		