2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713233

Entity Name: LOPEZ, INC.

FILED Mar 01, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Pl | New Principal Place of Business: | |
|---|--|---|---|---|--|
| | HSTREET-NO PARK, FL 33 | | | | |
| Current N | lailing Addre | ss: | New Mailing Add | New Mailing Address: | |
| 7177 58TH STREET-NORTH PINELLAS PARK, FL 34665 | | | | 7177 58TH STREET-NORTH PINELLAS PARK, FL 33781 | |
| FEI Number | : 23-7155025 | FEI Number Applied For () | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Addre | ss of New Registered Agent: | |
| 6861 59TH PINELLAS | SPARK, FL 33 | | ournose of changing its regis | tered office or registered agent, or both, | |
| | e of Florida. | sabilities tille statement for the p | ourpood of offdrights to regio | tered office of registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| OFFICER | S AND DIREC | CTORS: | ADDITIONS/CHA | NGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (SCAVELLI, MI 6861 59TH ST PINELLAS PA | N | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CURLEY, GEO | HTS DR STE 115 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DAWSON, GA 5238 48TH TE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DRURY, ALFR 66108 WINDS | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (MARISKO, MIO 4320 81ST ST PINELLAS PA | N | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | FUECHTMANN 8174 TERRAC |) Delete I, BERNIE F E GARDEN DR. UNIT 206 SBURG, FL 33709 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. DAWSON T 03/01/2009