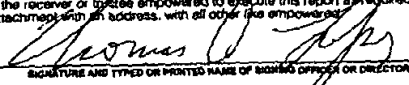


FILED
Mar 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 001 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F43325		
1. Entity Name THOMAS A. LOPEZ, CERTIFIED PUBLIC ACCOUNTANT PROFESSIONAL ASSOCIATION		
Principal Place of Business 7800 KILLIAN DR SO MIAMI, FL 33156	Mailing Address 7800 KILLIAN DR SO MIAMI, FL 33156	66002588 
DO NOT WRITE IN THIS SPACE		01282008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2125435 Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOPEZ, THOMAS A. 7800 KILLIAN DRIVE MIAMI, FL 33156		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renouncing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LOPEZ, THOMAS A 7800 SW 112TH ST MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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 fees empowered.		
SIGNATURE:  THOMAS A. LOPEZ		3/4/08 305-233-4497 Date Daytime Phone #