


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K27711**  
 1. Entity Name  
 LOPEX, INC.



Principal Place of Business % JUAN E. LOPEZ 3805 W 16TH AVE HIALEAH, FL 33012-7002	Mailing Address % JUAN E. LOPEZ 3805 W 16TH AVE HIALEAH, FL 33012-7002
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0222411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOPEZ, JUAN E.  
 3805 W 16TH AVE  
 HIALEAH, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, JUAN E. 3805 W 16TH AVE HIALEAH, FL
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 04/19/04-80037-016 150.00

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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:  Juan E. Lopez 4-5-04 (305) 821-7654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #