2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K40290 1. Entity Name LOPAC ENTERPRISES, INC. Principal Place of Business 8275 NW 80TH STREET MIAMI, FL 33166 US Mailing Address 8275 NW 80TH STREET MIAMI, FL 33166 US DO NOT WRITE IN THIS SPACE

FILED Jan 28, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE				01172008 No Chg-P CR2E034 (11/05) 4. FEI Number			
STEARNS	6. Name and Address of Current Regis RICHARD E WEAVER MILLER WEISSLER ALI FLAGLER ST 33130	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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				5.00 May Be			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP HICKEY, EDWIN W. 8275 NW 80TH STREET MIAMI, FL 33166	CTORS		-	000000 01/30/08-1	799938 80086-02;	2 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W THIS SF		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			,				
CITY-SI-ZIP TITLE NAME				,			

12. I hereby certify that the information supplied with this filling 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 accurant 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 proxecute his 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 a containing the empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

E AWIN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P285.

315-592 818

Daytime Phone i