


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90029 010 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # L08437 1. Entity Name CARLOS A. LOPEZ, JR., PROFESSIONAL ASSOCIATION | |  | |
| Principal Place of Business 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131 US | | Mailing Address 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131 US | |
| 2. Principal Place of Business - No P.O. Box # 2333 Brickell Ave | | 3. Mailing Address 2333 Brickell Ave. | |
| Suite, Apt. #, etc. A-1 | | Suite, Apt. #, etc. A-1 | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33129 | Country USA | Zip 33129 | Country USA |
| 4. FEI Number 65-0163347 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LOPEZ, CARLOS A., JR. 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33133 | | 7. Name and Address of New Registered Agent Name Lopez, Carlos A., Jr. Street Address (P.O. Box Number is Not Acceptable) 2333 Brickell Ave Suite A-1 City Miami FL Zip Code 33129 | |
| 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>Carlos A. Lopez</i></u> DATE <u>01/10/08</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 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS LOPEZ, CARLOS A., JR. 799 BRICKELL PLAZA, STE 700 MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS Lopez, Carlos A., Jr. 2333 Brickell Ave., Ste A-1 Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Virginia H. Best 2333 Brickell Ave., Ste A-1 Miami FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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, and all other like empowered. | | | |
| SIGNATURE: <u><i>Carlos A. Lopez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>01/10/08</u> (305) 379-1600 <small>Daytime Phone #</small> | |