

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81390

FILED
Jan 13, 2009
Secretary of State

Entity Name: LOPEZ CASANOVA CORPORATION

Current Principal Place of Business:

10887 NW 7 ST
APT # 11
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10887 NW 7 ST
APT # 11
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0207218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANOVA, MARIA L.
10887 NW 7TH ST
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, JOSE R.,
Address: 10887 NW 7ST # 11
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LOPEZ, MARCOS,
Address: 10887 NW 7ST # 11
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LOPEZ, JOSE R.,
Address: 10887 NW 7 ST # 11
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LUISA CASANOVA

AGEN

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date