

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # M39497

1. Entity Name
J.F. LOPEZ & ASSOCIATES, INC.



Principal Place of Business
**7900 NW 155 ST
SUITE 104
MIAMI LAKES, FL 33016**

Mailing Address
**7900 NW 155 ST
SUITE 104
MIAMI LAKES, FL 33016**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2723600

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, JOSE F.
7900 NW 155 ST
SUITE 104
MIAMI LAKES, FL 33016**

**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 Jose F. Lopez (President) 1/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

U00000775093
01/08/08-80016-010 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, JOSE F.
STREET ADDRESS 8041 NW 166TH STREET
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE T
NAME LOPEZ, OMARA R.
STREET ADDRESS 8837 NW 162ND TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE: Jose F. Lopez 1/4/08 828-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #