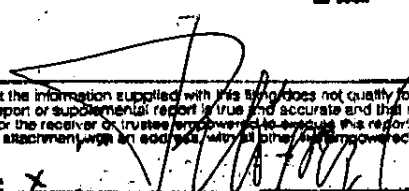


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

06-01-2004 90006 006 ***150.00

DOCUMENT # P01000003581					
1. Entity Name LOPECOR Y COMPANIA LIMITADA CORPORATION					
Principal Place of Business 7291 SW 8 STREET MIAMI FL 33144			Mailing Address 7291 SW 8 STREET MIAMI FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1068873			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent QUIROZ, LAUREANO 7291 SW 8 STREET MIAMI FL 33144			7. Name and Address of New Registered Agent Name LUZ LOPEZ Street Address (P.O. Box Number is Not acceptable) 14106 SW 168 RD City Miami FL Zip Code 33177		
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$150.00 Make check payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$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	TITLE	NAME
	QUIROZ, LAUREANO	13741 SW 108 STREET	MIAMI FL 33186		
	LOPEZ, JOSE R	13741 SW 108 STREET	MIAMI FL 33186		
	LOPEZ, LUZ M	13741 SW 108 STREET	MIAMI FL 33186		
	LOPEZ, FERNANDO	13741 SW 108 STREET	MIAMI FL 33186		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and would be signing 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 upon an addendum, within 10 days of filing.					
SIGNATURE:  DATE: _____					