

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000006289

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Entity Name:** LOPRESSIONISM INC.

**Current Principal Place of Business:**

1002 EAST NEW HAVEN  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1002 EAST NEW HAVEN  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3717451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST. AMANT, ANGELA L  
507 CARRIAGE RD.  
INDIAN HARBOUR BEACH, FL US

**Name and Address of New Registered Agent:**

LOPRESTI, ANGELA L  
507 CARRIAGE RD.  
INDIAN HARBOUR BEACH, FL US

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:** ANGELA LOPRESTI ST.AMANT

04/03/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOPRESTI, ANGELA L  
**Address:** 507 CARRIAGE RD  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

**SIGNATURE:** ANGELA LOPRESTI ST.AMANT

PRES

04/03/2010

Electronic Signature of Signing Officer or Director

Date