

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90090 001 \*\*\*600.00

**66000591**



01042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000042984</b> 1. Entity Name <b>PETER M. LOPEZ, P.A.</b>						
Principal Place of Business <b>2450 SW 137TH AVENUE # 234 MIAMI, FL 33175</b>			Mailing Address <b>2450 SW 137TH AVENUE # 234 MIAMI, FL 33175</b>			
2. Principal Place of Business <b>1200 Brickell Ave</b> Suite, Apt. #, etc. <b>Suite 860</b>		3. Mailing Address <b>1200 Brickell Ave</b> Suite, Apt. #, etc. <b>Suite 860</b>		4. FEI Number <b>65-1099402</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
City & State <b>miami, FL</b>		City & State <b>miami, FL</b>				
Zip <b>33131</b>		Zip <b>33131</b>				
6. Name and Address of Current Registered Agent <b>LOPEZ, PETER M 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name <b>Peter M. Lopez, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Ave.</b> <b>Suite 860</b> City <b>miami</b> <b>FL</b> Zip Code <b>33131</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST LOPEZ, PETER M 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Peter m. Lopez 1200 Brickell Ave., Ste 860 miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOPEZ, PETER M 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Peter m. Lopez 1200 Brickell Ave., Ste 860 miami, FL 33131	<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		<input 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		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplementary 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: _____ <b>President</b> <span style="float: right;"><b>1/27/06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						