

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077974

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FRANCISCO M. LOPEZ-ROMO, P.A.

**Current Principal Place of Business:**

7695 S.W. 104TH STREET  
SUITE 230  
MIAMI, FL 33156

**New Principal Place of Business:**

13663 DEERING BAY DRIVE  
CORAL GABLES, FL 33158

**Current Mailing Address:**

7695 SW 104TH STREET  
SUITE 230  
MIAMI, FL 33156

**New Mailing Address:**

13663 DEERING BAY DRIVE  
CORAL GABLES, FL 33158

FEI Number: 59-3741151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ-ROMO, FRANCISCO M  
13663 DEERING BAY DRIVE  
CORAL GABLES, FL 331582840 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: DPST ( ) Delete  
Name: LOPEZ-ROMO, FRANCISCO M  
Address: 13663 DEERING BAY DR  
City-St-Zip: CORAL GABLES, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FRANCISCO M. LOPEZ-ROMO, ESQ.

DPST

03/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date