

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062958

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: CAMILO LOPEZ, P.A.

**Current Principal Place of Business:**

1320 SOUTH DIXIE HWY., SUITE 280  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

601 BRICKELL KEY DR STE 600  
MIAMI, FL 33131

**Current Mailing Address:**

400 SW 10TH STREET  
# 2  
MIAMI, FL 33143

**New Mailing Address:**

601 BRICKELL KEY DR  
STE 600  
MIAMI, FL 33131

FEI Number: 03-0455791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE VARONA, RAUL J  
400 SW 10TH STREET  
MIAMI, FL 33143 US

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

LOPEZ, CAMILO A  
601 BRICKELL KEY DR  
STE 600  
MIAMI, FL 33131 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: CAMILO A LOPEZ

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOPEZ, CAMILO  
Address: 1320 SOUTH DIXIE HWY., SUITE 280  
City-St-Zip: CORAL GABLES, FL 33146

**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 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: CAMILO A LOPEZ

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date