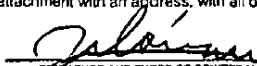


04-29-2005 90283 007 ***150.00

DOCUMENT # P02000088000				04-29-2005 90283 007 ***150.00	
1. Entity Name LOPECANO, CORP.					
Principal Place of Business 1895 W FLAGLER ST, STE. 265 MIAMI, FL 33135		Mailing Address 1895 W FLAGLER ST, STE. 265 MIAMI, FL 33135			
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 03-0480481		Applied For Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOIACANO, FERDINANDO 1895 W FLAGLER ST, STE. 265 MIAMI, FL 33135		7. Name and Address of New Registered Agent			
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City		FL Zip Code			
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D LOPEZ, GUILLERMO A 780 NW 42 AVENUE #420 MIAMI, FL 33126	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOIACONO, FERDINANDO 780 NW 42 AVENUE #420 MIAMI, FL 33126	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOCK, BIRGIT 780 NW 42 AVENUE #420 MIAMI, FL 33126	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUIS, CARMEN L 780 NW 42 AVENUE #420 MIAMI, FL 33126	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete ☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: 		Date 04/20/2005 Daytime Phone #			