

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052618

1. Entity Name
LINDA LOPEZ, P.A.



Principal Place of Business
799 BRICKELL PLAZA STE #606
MIAMI, FL 33131

Mailing Address
799 BRICKELL PLAZA STE #606
MIAMI, FL 33131

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2113662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LINDA
799 BRICKELL PLAZA STE #606
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPVT
NAME	LOPEZ, LINDA
STREET ADDRESS	799 BRICKELL PLAZA STE #606
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	LOPEZ, LINDA
STREET ADDRESS	799 BRICKELL PLAZA STE #606
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000353210
09/09/08-80001-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/08 305-358-7400
Date Daytime Phone #