

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068388

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** LOPES & CASTRO SERVICES CORPORATION

**Current Principal Place of Business:**

885 NW 47 STREET  
POMPAÑO BEACH, FL 33064

**New Principal Place of Business:**

4101 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063 US

**Current Mailing Address:**

885 NW 47 STREET  
POMPAÑO BEACH, FL 33064

**New Mailing Address:**

4101 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPAÑO BEACH, FL 33064 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DE CASTRO, CLEIDER L  
Address: 885 NW 47 STREET  
City-St-Zip: POMPAÑO BEACH, FL 33064

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

Title: PD (X) Change ( ) Addition  
Name: DE CASTRO, CLEIDER L  
Address: 4101 COCOPLUM CIRCLE  
City-St-Zip: COCONUT CREEK, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLEIDER L DE CASTRO

PD

05/03/2004

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

\_\_\_\_\_  
Date