


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90275 009 ***150.00

DOCUMENT # P03000081319

1. Entity Name
JORGE LUIS LOPEZ-GARCIA, P.A.



Principal Place of Business Mailing Address

1865 BRICKELL AVE, A-403 **1865 BRICKELL AVE, A-403**
MIAMI FL 33129 **MIAMI FL 33129**

2. Principal Place of Business 3. Mailing Address

1570 MADRUGA AVE. **1570 MADRUGA AVE.**

Suite/Apt. #, etc. Suite/Apt. #, etc.

211 **211**

City & State City & State

CORAL GABLES FL **CORAL GABLES FL**

Zip Country Zip Country

33146 **USA** **33146** **USA**

4. FEI Number Applied For

20-0130476 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LOPEZ-GARCIA, JORGE LUIS
1865 BRICKELL AVE, A-403
MIAMI FL 33129

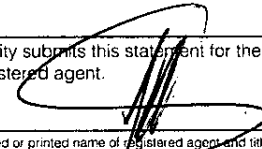
7. Name and Address of New Registered Agent

Name **LOPEZ-GARCIA, JORGE LUIS**

Street Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVENUE # 211

City **CORAL GABLES** **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  **LOPEZ-GARCIA, JORGE LUIS** DATE **4/9/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ-GARCIA, JORGE LUIS
STREET ADDRESS	1865 BRICKELL AVE, A-403
CITY-ST-ZIP	MIAMI FL 33129
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-GARCIA, JORGE LUIS
STREET ADDRESS	1570 MADRUGA AVE # 211
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **JORGE LUIS LOPEZ-GARCIA Dir.** Date **4/9/04** Daytime Phone # **305-662-2525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR