


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90455 043 ***558.75

DOCUMENT # P03000114299 1. Entity Name LOPEZ CORONA CORPORATION																					
Principal Place of Business 8544 PALM PARKWAY LAKE BUENA VISTA ORLANDO, FL 32836			Mailing Address 8544 PALM PARKWAY LAKE BUENA VISTA ORLANDO, FL 32836																		
2. Principal Place of Business 2130 CASCADES BLVD Suite, Apt. #, etc. 302 City & State KISSIMMEE, FLORIDA Zip 34741		3. Mailing Address 2130 CASCADES BLVD Suite, Apt. #, etc. 302 City & State KISSIMMEE, FLORIDA Zip 34741																			
4. FEI Number 57-118 9442		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent CORONA, SILVIA C/O 325 MAPLE AVENUE KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name SILVIA CORONA Street Address (P.O. Box Number is Not Acceptable) 2130 CASCADES BLVD #302 City KISSIMMEE FL Zip Code 34741																		
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 X Silvia Corona C. DATE 1/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">P/D/T/S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SILVIA CORONA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2130 CASCADES BLVD #302</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34741</td> </tr> </table>			TITLE	P/D/T/S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SILVIA CORONA	STREET ADDRESS	2130 CASCADES BLVD #302	CITY-ST-ZIP	KISSIMMEE, FL 34741
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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: X Silvia Corona C. 1/8/04 407-791-6165 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																					