

Amended

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012272

1. Entity Name
LOPEZ MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 8:32

Principal Place of Business
12783 SW 45TH TERRACE
MIAMI, FL 33175

Mailing Address
12783 SW 45TH TERRACE
MIAMI, FL 33175



2. Principal Place of Business
13913 SW 119 AVE
Suite, Apt. #, etc.

3. Mailing Address
12783 SW 45 Terrace
Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State
Miami, FL

4. FEI Number
20-0618700

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33175

Country
USA

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

6. Name and Address of Current Registered Agent

LOPEZ, ESTHER
12783 SW 45TH TERRACE
MIAMI, FL 33175

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

Esther
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/2005

**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

TITLE P ☐ Delete
NAME LOPEZ, ESTHER
STREET ADDRESS 12783 SW 45TH TERRACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Addition
NAME Lopez, Esther
STREET ADDRESS 12783 SW 45th Terrace
CITY-ST-ZIP Miami FL 33175

TITLE Vice President ☐ Change ☒ Addition
NAME Lopez, Anthony
STREET ADDRESS 12783 SW 45th Terrace
CITY-ST-ZIP Miami, FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700057432927
07/13/05--01068--004 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

DATE

DAYTIME PHONE #

6/24/2005

305 226-2012
305 969 6064