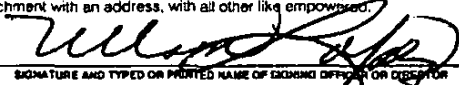


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-31-2005 90034 046 ***150.00

DOCUMENT # P04000032592					
1. Entity Name LOPEZ INVESTORS INC.					
Principal Place of Business 180 S.E 9TH AVENUE HIALEAH, FL 33010			Mailing Address 180 S.E 9TH AVENUE HIALEAH, FL 33010 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LOPEZ, KENNY N 180 S.E 9TH AVENUE HIALEAH, FL 33010				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LOPEZ, KENNY N		NAME		
STREET ADDRESS	180 S.E 9TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33010		CITY- ST- ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LOPEZ, NELSON		NAME		
STREET ADDRESS	180 S.E 9TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33010		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			3/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF EXCHANGING OFFICER OR DIRECTOR			Date Daytime Phone #		

66010944



01152005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3785137** Applied For Not Applicable

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