

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90209 035 \*\*\*150.00

DOCUMENT # P04000037652			
1. Entity Name LOPEZ'S OCEAN COLORS, CORP			
Principal Place of Business 1310 NW 22ND AVE, # 203 MIAMI, FL 33125		Mailing Address 1310 NW 22ND AVE, # 203 MIAMI, FL 33125	
2. Principal Place of Business 2321 NW 10 AVEN Suite, Apt. #, etc. 207		3. Mailing Address 2321 NW 10 AVEN Suite, Apt. #, etc. 207	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33127	Country DADE	Zip 33127	Country DADE
4. FEI Number 51-0500786		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, CARLOS A 1310 NW 22ND AVE, # 203 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name LOPEZ CARLOS A Street Address (P.O. Box Number is Not Acceptable) 2321 NW 10 AVEN + 207 City MIAMI FL Zip Code 33127	
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: <i>CALB</i>		DATE: 4-27-05	
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LOPEZ, CARLOS A STREET ADDRESS 1310 NW 22ND AVE, # 203 CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE P NAME LOPEZ CARLOS A STREET ADDRESS 2321 NW 10 AVEN + 207 CITY-ST-ZIP MIAMI FL 33127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GALEANO, YANIRE STREET ADDRESS 1310 NW 22ND AVE, # 203 CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE VP NAME GALEANO YANIRE STREET ADDRESS 2321 NW 10 AVEN + 207 CITY-ST-ZIP MIAMI FL 33127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>CALB</i>		DATE: 4-27-05 (786)252-7135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40070310



04272005 Chg-P CR2E034 (10/03)