
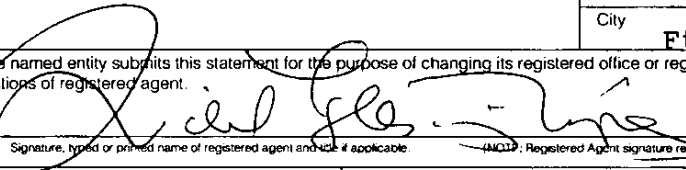
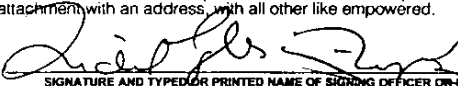


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90030 048 ***150.00

DOCUMENT # P04000045761					
1. Entity Name THE LAW OFFICES OF FIDEL IGLESIAS-LOPEZ, P.A.					
Principal Place of Business 197 S.W. MONTEREY ROAD STUART, FL 34994			Mailing Address 197 S.W. MONTEREY ROAD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 2900 Admiral Street		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Pierce, FL 34982		City & State		4. FEI Number 20-0865539	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IGLESIAS-LOPEZ, FIDEL 197 S.W. MONTEREY ROAD STUART, FL 34994			7. Name and Address of New Registered Agent Name Iglesias-Lopez, Fidel Street Address (P.O. Box Number is Not Acceptable) 2900 Admiral Street City Ft Pierce FL 34982		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable</small> </div> <div style="text-align: center;"> Fidel Iglesias-Lopez <small>(MCO) Registered Agent signature required when reinstating</small> </div> <div style="text-align: center;"> 03/31/08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO NAME IGLESIAS-LOPEZ, FIDEL STREET ADDRESS 197 S.W. MONTEREY ROAD CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		TITLE PCEO NAME Iglesias-Lopez, Fidel STREET ADDRESS 2900 Admiral Street CITY-ST-ZIP Ft Pierce, FL 34982	<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	
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 exemptions contained in Chapter 119, 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: 			Fidel Iglesias-Lopez 03/31/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		