

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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05 MAY 24 PM 12:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072416																													
1. Entity Name MURIEL LOPEZ ENTERPRISES, CORP.																													
Principal Place of Business 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144			Mailing Address 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
6. Name and Address of Current Registered Agent LOPEZ, MURIEL 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		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																										
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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:  4/15/05																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													