2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 31, 2006 8:00 am
Secretary of State
03-07-2006 90006 008 ***150.00

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DOCUMENT # P04000089168

1. Entity Name
LOPEZ CURBING SERVICE INC.

Principal Place of Business	Mailing Address
820 SW 16 TERRACE CAPE CORAL, FL 33991	820 SW 16 TERRACE CAPE CORAL, FL 33991

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1296393 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, LUIS C 843 SW 16TH TERRACE CAPE CORAL, FL 33991	Name: LOPEZ LUIS C Street Address (P.O. Box Number is Not Acceptable): 843 SW 16TH Terr City: CAPE CORAL FL Zip Code: 33991

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] 1/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $600.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, LUIS C 843 16TH TERRACE CAPE CORAL, FL 33991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ LUIS C 820 SW 16TH Terr CAPE CORAL FL 33991	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, LUZ M 843 16TH TERRACE CAPE CORAL, FL 33991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ LUZ M 820 SW 16TH Terr CAPE CORAL FL 33991	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LOPEZ, MANUELA 843 16TH TERRACE CAPE CORAL, FL 33991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONTALVO, CLARITZA 843 SW 16TH TERRACE CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. SARA LOPEZ SECRETARY 820 SW 16TH Terr CAPE CORAL FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #