

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000099381

1. Entity Name

TELE-ENVIOS LOPERA, INC.



Principal Place of Business

26-20 E TAMiami TR
NAPLES, FL 34112 US

Mailing Address

26-20 E TAMiami TR
NAPLES, FL 34112 US



01312006 No Chg-P CR2E034 (11/05)

4. FCI Number
20-1314124

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPERA, MARTHA
2080 PELTON ST.
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOPERA, MARTHA
STREET ADDRESS 2080 PELTON ST.
CITY-ST-ZIP NAPLES, FL 34112

TITLE VP
NAME LOPERA, JAIRO
STREET ADDRESS 2080 PELTON ST.
CITY-ST-ZIP NAPLES, FL 34112

TITLE T
NAME LOPERA, SAMARA A
STREET ADDRESS 2080 PELTON ST.
CITY-ST-ZIP NAPLES, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000422936
02/17/06-80036-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2-2-06