

2005 FOR PROFIT CORPORATION ANNUAL REPORT


04-08-2005 90071 037 ***150.00

P04000135463

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000135463

1. Entity Name
MANUEL R. LOPEZ & ASSOCIATE, P.A.



Principal Place of Business Mailing Address
2151 LE JEUNE ROAD MEZZANLNE 2151 LE JEUNE ROAD MEZZANLNE
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business, 2. Mailing Address
122 Minorca Ave **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Gables, FL **---**

Zip Country Zip Country

33134 **---**



01072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LOPEZ, MANUEL R ESQ
2151 LE JEUNE ROAD MEZZANLNE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **LOPEZ, MANUEL R. ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
5959 Blue Lagoon Dr., #110

City **Miami** FL Zip Code
33126

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 _____ DATE _____
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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MANUEL R	NAME	
STREET ADDRESS	2151 LE JEUNE ROAD MEZZANLNE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 a former like empowered.

SIGNATURE: _____ **4/4/05 (305) 213-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR