

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135463

**FILED**  
**Mar 07, 2006**  
**Secretary of State**

**Entity Name:** MANUEL R. LOPEZ & ASSOCIATE, P.A.

**Current Principal Place of Business:**

122 MINORCA AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

770 PONCE DE LEON BOULEVARD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

122 MINORCA AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

770 PONCE DE LEON BOULEVARD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, MANUEL R ESQ  
5959 BLUE LAGOON DR  
#110  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

LOPEZ, MANUEL R ESQ  
770 PONCE DE LEON BOULEVARD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_ 03/07/2006  
Electronic Signature of Registered Agent                      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      LOPEZ, MANUEL R  
Address:                      2151 LE JEUNE ROAD MEZZANLNE  
City-St-Zip:                      CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      D                      (X) Change ( ) Addition  
Name:                      LOPEZ, MANUEL R  
Address:                      770 PONCE DE LEON BOULEVARD, PH  
City-St-Zip:                      CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL R. LOPEZ                      D                      03/07/2006  
Electronic Signature of Signing Officer or Director                      Date