

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143091

FILED  
May 01, 2005  
Secretary of State

Entity Name: CIRO LOPEZ PROFESSIONAL SERVICES,INC

**Current Principal Place of Business:**

290 174 STR WINSTON TOWERS 700  
APT 515  
SUNNY ISLAND, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

290 174 STR WINSTON TOWERS 700  
APT 515  
SUNNY ISLAND, FL 33160

**New Mailing Address:**

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

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

RIVEROS, JUDITH J  
2040 NE 197 TERRA  
MIAMI, FL 33179 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORTES, ISABEL C  
Address: 290 174 STR WINSTON TOWERS 700  
City-St-Zip: SUNNY ISLAND, FL 33160

Title: VP ( ) Delete  
Name: VILLATE, GUILLERMO  
Address: 290 174 STR WINSTON TOWERS 700  
City-St-Zip: SUNNY ISLAND, FL 33160

Title: S/D ( ) Delete  
Name: LOPEZ, CIRO E  
Address: 290 174 STR WINSTON TOWERS 700  
City-St-Zip: SUNNY ISLAND, FL 33160

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORTES ISABEL

P

05/01/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date