



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90182 022 \*\*\*150.00

<b>DOCUMENT # P04000146450</b>					
<b>1. Entity Name</b> LOPEZ & BARRAGAN COMPANY, INC					
<b>Principal Place of Business</b> 1689 LOCHSHYRE LOOP OCOEE, FL 34791			<b>Mailing Address</b> 1689 LOCHSHYRE LOOP OCOEE, FL 34791		
<b>50022379</b>					
<b>2. Principal Place of Business</b> 503 Springs Creek Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 503 Springs Creek Dr Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocoee, FL		<b>City &amp; State</b> Ocoee, FL		<b>4. FEI Number</b> 20-1788427	
<b>Zip</b> 34761		<b>Country</b> Orange		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BARRAGAN, JORGE L 1689 LOCHSHYRE LOOP OCOEE, FL 34761			<b>7. Name and Address of New Registered Agent</b> Name: Sergio Magaña Street Address (P.O. Box Number is Not Acceptable): 503 Springs Creek Dr City: Ocoee, FL Zip Code: 34761		
<b>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.</b> SIGNATURE: <i>Sergio Magaña</i> DATE: 3/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> BARRAGAN, JORGE L <b>STREET ADDRESS</b> 1689 LOCHSHYRE LOOP <b>CITY-ST-ZIP</b> OCOEE, FL 34761	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> V <b>NAME</b> LOPEZ, RAMIRO <b>STREET ADDRESS</b> 640 S DILLARD ST <b>CITY-ST-ZIP</b> WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> P <b>NAME</b> Sergio Magaña <b>STREET ADDRESS</b> 503 Spring Creek Dr <b>CITY-ST-ZIP</b> Ocoee, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Sergio Magaña</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 3/1/05      Daytime Phone #: 341-231-6537	