


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000166822
 1. Entity Name
 RICARDO F. LOPEZ, INC.



Principal Place of Business Mailing Address
 2616 NE 30TH PL STE #3 2616 NE 30TH PL STE #3
 FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 86-1125521 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOPEZ, RICARDO F
 2616 NE 30TH PL STE #3
 FT LAUDERDALE, FL 33306

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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 (file if applicable). (NOTE: Registered Agent signature required when reinstating)

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

U00000522006
 05/03/06-80011-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	LOPEZ, RICARDO F
STREET ADDRESS	2616 NE 30TH PL STE #3
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  04.16.06 954 29564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #