


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90033 014 ***150.00

DOCUMENT # P05000020980	
1. Entity Name LOPUD INC.	

Principal Place of Business 5313 CONWAY OAKS COURT ORLANDO, FL 32812	Mailing Address 5313 CONWAY OAKS COURT ORLANDO, FL 32812
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0128567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STORELLI, TOMO
 5313 CONWAY OAKS COURT
 ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Dept of State
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STORELLI, TOMO 5313 CONWAY OAKS COURT ORLANDO, FL 32812
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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: T. Storelli 2-7-07 (407)6660608
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #