

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021042

Entity Name: NANCY LOPEZ P.A.

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 331604519

New Principal Place of Business:

206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 33160 US

Current Mailing Address:

206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 331604519

New Mailing Address:

206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 33160

FEI Number: 20-2336711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, NANCY
206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 331604519 US

Name and Address of New Registered Agent:

LOPEZ, NANCY
206 POINCIANA ISLAND DR
SUNNY ISLES BCH, FL 33160 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: LOPEZ,NANCY

07/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, NANCY
Address: 206 POINCIANA ISLAND DR
City-St-Zip: SUNNY ISLES BCH, FL 331604519

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, NANCY
Address: 206 POINCIANA ISLAND DR
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: SEC () Change (X) Addition
Name: OTALVARO, WILSON D
Address: 206 POINCIANA ISLAND DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP () Change (X) Addition
Name: NATALIE, OTALVARO N
Address: 206 POINCIANA ISLAND DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: LOPEZ,NANCY

PD

07/18/2006

Electronic Signature of Signing Officer or Director

Date