

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 033 ***150.00

DOCUMENT # P05000024021 1. Entity Name LOPEZ SIERRA INVESTMENT GROUP, INC.																																																																																																																	
Principal Place of Business 169 E. FLAGLER STREET UNIT #1035 MIAMI, FL 33131 US			Mailing Address 169 E. FLAGLER STREET UNIT #1035 MIAMI, FL 33131 US																																																																																																														
2. Principal Place of Business		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																													
LOPEZ SIERRA, CLAUDIA MILENA 169 E. FLAGLER STREET UNIT #1035 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																													
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 _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE																																																																																																																	
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																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOPEZ SIERRA, CLAUDIA MILENA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">169 E. FLAGLER STREET UNIT #1035</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2">MIAMI, FL 33131</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOPEZ SIERRA, SANDRA J</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">169 E. FLAGLER STREET UNIT #1035</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2">MIAMI, FL 33131</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td colspan="2"></td> </tr> </table>						TITLE	P	☐ Delete	NAME	LOPEZ SIERRA, CLAUDIA MILENA		STREET ADDRESS	169 E. FLAGLER STREET UNIT #1035		CITY-STATE-ZIP	MIAMI, FL 33131		TITLE	VP	☐ Delete	NAME	LOPEZ SIERRA, SANDRA J		STREET ADDRESS	169 E. FLAGLER STREET UNIT #1035		CITY-STATE-ZIP	MIAMI, FL 33131		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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: <u><i>Sandra Lopez</i></u> 03-14-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #																																																																																																																	