## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Claudes mlang Lo

## Mar 06, 2007 8:00 am **Secretary of State** DOCUMENT # P05000024021 03-06-2007 90005 040 \*\*\*150.00 LOPEZ SIERRA INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 40000010 169 E. FLAGLER STREET 169 E. FLAGLER STREET UNIT #1035 UNIT #1035 MIAMI, FL 33131 US MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5821 Sheridan St St <u>5821 sheridan</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For FL Hallywood Hally wood **NOT APPLICABLE** Not Applicable Country <sub>Др</sub> 33021 Country \$8.75 Additional 5. Certificate of Status Desired 33021 USA USD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ SIERRA, CLAUDIA MILENA Street Address (P.O. Box Number is Not Acceptable) 169 E. FLAGLER STREET UNIT #1035 MIAMI, FL 33131 City 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 title if applicable. (NOTE: Registered Agent pignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE S P 121 Detete TITLE LOPEZ SIERRA, CLAUDIA MILENA NAME LOPEZ SIERRA CLAUDIA MILENA STREET ADORESS 169 E. FLAGLER STREET UNIT #1035 STREET ADDRESS 5821 sheridan St 21P 33021 CITY-ST-ZIP MIAMI, FL 33131; CITY-ST-74P Hally wood FL E Detete ÚΠΕ TIFLE (Change Addition LOPEZ SIERRA, SANDRA J NAME NAME LOPEZ SIERRA SANDRA 169 E. FLAGLER STREET UNIT #1035 STREET ADORESS STREET ADDRESS 5821 Sheridan St MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP Hally wood FL 33051 TILLE Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition TITLE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

02-28-07

Daytime Phone #