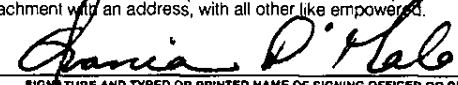


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P05000097423			
1. Entity Name LOPEZ ACCOUNTING SERVICES INC			
Principal Place of Business 1800 WEST 49 ST 201 HIALEAH, FL 33012	Mailing Address 1800 WEST 49 ST 201 HIALEAH, FL 33012		
DO NOT WRITE IN THIS SPACE			
		 03222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3141919	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
LOPEZ, ALINA 1800 WEST 49 STREET 201 HIALEAH, FL 33012			
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 signature required when reinstating)			
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	PD	DO NOT WRITE IN THIS SPACE	
NAME	LOPEZ, JORGE R		
STREET ADDRESS	1800 W 49 ST., #201		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE	VP		
NAME	LOPEZ, ALINA B		
STREET ADDRESS	1800 W 49 ST., #201	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
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.			
SIGNATURE: 		3/8/07	305-825-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #