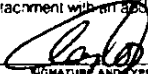


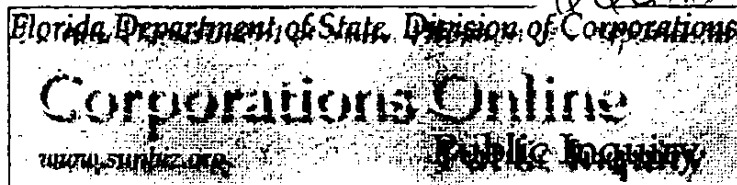
FILED
Jun 11, 2007 8:00 am
Secretary of State

04-23-2007 90057 018 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000144227			
1. Entity Name LOPEZ NURSERY & FARM INC.			
Principal Place of Business 2430 SW 127 AVE MIAMI, FL 33175		Mailing Address 2430 SW 127 AVE MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box #		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 LOPEZ, CARLOS 15555 SW 194 AVE MIAMI, FL 33155		4. FEI Number 20-8848991 Applied For ☐ Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOPEZ, CARLOS 2430 SW 127 AVE MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  CARLOS LOPEZ		03-17-2007 (305) 222-2264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Overtime Phone #	

ATTACHMENT 166018583



Florida Profit

LOPEZ NURSERY & FARM INC.

PRINCIPAL ADDRESS

2430 SW 127 AVE
MIAMI FL 33175

MAILING ADDRESS

2430 SW 127 AVE
MIAMI FL 33175Document Number
P06000144227State
FLFEI Number
NONEStatus
ACTIVEDate Filed
11/15/2006Effective Date
NONE

Registered Agent

Name & Address
LOPEZ, CARLOS 15555 SW 194 AVE MIAMI FL 33155

Officer/Director Detail

Name & Address	Title
LOPEZ, CARLOS 2430 SW 127 AVE MIAMI FL 33175	DP

Annual Reports

Report Year	Filed Date
-------------	------------

ATTACHMENT 66018503
#P06000144227

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

11/15/2006 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)