
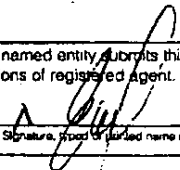
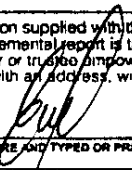


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 03, 2008 8:00 am
Secretary of State

03-14-2008 90033 030 ***150.00

DOCUMENT # P07000029254			
1. Entity Name EDDY LOPEZ CORPORATION			
Principal Place of Business 7422 SW 23RD. STREET APT. 18 MIAMI, FL 33155 US		Mailing Address 7422 SW 23RD. STREET APT. 18 MIAMI, FL 33155 US	
2. Principal Place of Business - No P.O. Box # 7352 S.W. 22 ST		3. Mailing Address 7352 S.W. 22 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country USA	Zip 33155	Country USA
8. Name and Address of Current Registered Agent LOPEZ, EDDY 7422 SW 23RD. STREET APT. 18 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name EDDY LOPEZ Street Address (P.O. Box Number is Not Acceptable) 7352 SW 22 ST City MIAMI FL Zip Code 33155	
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 		DATE 3/11/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$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	P/D LOPEZ, EDDY 7422 SW 23RD. STREET APT. 18 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7352 SW 22 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 3/11/08 (786) 281-9840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	