2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 22, 2008 8:00 am Secretary of State **DOCUMENT # P07000111894** 05-22-2008 90014 021 ***158.75 LOPÉRENA ASSOCIATES, INC. Principal Place of Business Mailing Address 5702 BRIDAL PATH WAY 5702 BRIDAL PATH WAY TAMPA, FL 33634 TAMPA, FL 33634 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03232008 Applied For City & State City & State 4. FEI Numbe II 382 Not Applicable Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPERENA, TOMAS Street Address (P.O. Box Number is Not Acceptable) 7507 EXTER WAY TAMPA, FL. 33615 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_ (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Addition TITLE ☐ Delete IITLE LOPERENA, TOMAS NAME NAME STREET ADDRESS 7507 EXTER WAY STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TAMPA, FL 33615 ☐ Change Addition TITLE ☐ Delete TITLE QUINONES, JUAN E STREET ADDRESS 4424 WALTHAM STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33634** CITY-S1-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information su oplied with this filing contributions and exempliant the exempliants contained in chapter (19-monds statutes.) Further certify that the information port if true and eccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if assigning the empowered. indicated on this report or sy of the corporation or the re truster SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED

ATTACHMENT 60043/80 P07000111894

Form:	940 for 2007: Employer's Annual Federal Unemployment (FUTA)	Tax Return	
<u> </u>	Department of the Treasury — Internal Revenue Service CA 11-3824109		OMB No. 1545-0028
	1. PAAA.1	ype of Return Check all that appl	/.)
	B PSZ SOOSJAD ONI ZATAIJOZZA ANARAGOJAD UN HTAG AJGIRB SOSZ BRIJOZ BRIJO	a. Amended b. Successor e c. No payment in 2007	mployer s to employees
	hallmilladlandladadadhaddladdlanddaddladdladdladdladdladdladdl	d. Final: Busine stopped pay	1 1
Read	the separate instructions before you fill out this form. Please type or print within the boxes.		
P	art 1: Tell us about your return. If any line does NOT apply, leave it blank.		
1	If you were required to pay your state unemployment tax in		
	1a One state only, write the state abbreviation 1a	حسب فالسح	·
2	1b More than one state (You are a multi-state employer)	2 Check h	ere. Fill out Schedule A. ere. Fill out Schedule A 40), Part 2.
P	art 2: Determine your FUTA tax before adjustments for 2007. If any line does NOT apply		· · · · · · · · · · · · · · · · · · ·
3	Total payments to all employees	3	•
4	Payments exempt from FUTA tax	1.)	AP)
	Check all that apply: 4a Fringe benefits	(5	Jord
5	Total of payments made to each employee in excess of \$7,000		
6	Subtotal (line 4 + line 5 = line 6)	6	
7	Total taxable FUTA wages (line 3 – line 6 = line 7)	7	
	FUTA tax before adjustments (line 7 × .008 = line 8)	8	•
P	Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.		
9	If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line $7 \times .054 = \text{line 9}$). Then go to line $12 \dots \dots \dots \dots$. If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax,	9	
10	OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10		
11	Skip line 11 for 2007 and go to line 12. If credit reduction applies, enter the amount from line 3 of Schedule A (Form 940)	11	
	Part 4: Determine your FUTA tax and balance due or overpayment for 2007. If any line do		leave it blank.
12	Total FUTA tax after adjustments (lines 8 + 9 + 10 = line 12)	12	
13 14	FUTA tax deposited for the year, including any payment applied from a prior year Balance due (If line 12 is more than line 13, enter the difference on line 14.) • If line 14 is more than \$500, you must deposit your tax.	13	
	• If line 14 is \$500 or less and you pay by check, make your check payable to the United States Treasury and write your EIN, Form 940, and 2007 on the check	14	•
15	Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box below.)	15	
	➤ You MUST fill out both pages of this form and SIGN it.	Check one	 Apply to next retum. Send a refund.