

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002295

FILED
Apr 27, 2005
Secretary of State

Entity Name: LOPRESTI ENTERPRISES INC.

Current Principal Place of Business:

5445 COLLINS AVE.
CU-6A
MIAMI, FL 33140 US

New Principal Place of Business:

2450 SW 137 AVENUE
SUITE 233
MIAMI, FL 33175 US

Current Mailing Address:

5445 COLLINS AVE.
1518#
MIAMI, FL 33140 US

New Mailing Address:

2450 SW 137 AVENUE
SUITE 233
MIAMI, FL 33175 US

FEI Number: 65-0384804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, GERARDO
340 SW 122 COURT
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOMINGUEZ, GERARDO
Address: 340 SW 122 COURT
City-St-Zip: MIAMI, FL 33184

Title: VP () Delete
Name: ALEJANDRA, DOMINGUEZ
Address: 340 SW 122 COURT
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO DOMINGUEZ

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date