

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000040942

1. Entity Name
LOPEFRA EQUIPMENT, INC.,



Principal Place of Business
**2601 S.W. 69TH COURT
MIAMI, FL 33155**

Mailing Address
**2601 S.W. 69TH COURT
MIAMI, FL 33155**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0499017** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARTIGAN, ROSEMARY L
2601 S.W. 69TH CT.
MIAMI, FL 33155**

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IN THIS SPACE**

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 *McHartigan* 7/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRAXEDAS, ENRIQUE
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, ROLONDO
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, FRANCISCO
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, ROBERTO
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, RAUL
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, CARLOS
STREET ADDRESS	2601 SW 69 CT
CITY - ST - ZIP	MIAMI, FL 33155

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Cecilio Lopez* 7/2/04 (305)266-3896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #