

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0499017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

TITLE	D
NAME	HARTIGAN, ROSEMARY L
STREET ADDRESS	2601 SW 69CT
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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/14/07-80030-005 150.00

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: M Hartigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 (307) 266-3896
Date Daytime Phone #