

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000039421

1. Entity Name

ESCOBAR LOPEZ ENTERPRISES, INC.



Principal Place of Business

401 S.W. 8TH ST.
MIAMI, FL 33130

Mailing Address

401 S.W. 8TH ST.
MIAMI, FL 33130



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0588537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, MANUEL
401 S.W. 8TH ST.
MIAMI, FL 33130

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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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ESCOBAR, MANUEL
STREET ADDRESS	401 S.W. 8TH ST.
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VP
NAME	ESCOBAR, MANUEL JR.
STREET ADDRESS	401 SW 8TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	VP
NAME	ESCOBAR, EDUARDO
STREET ADDRESS	401 SW 8TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	T
NAME	DIAZ, MARTA
STREET ADDRESS	401 SW 8TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	S
NAME	ESCOBAR, MARTA
STREET ADDRESS	401 SW 8TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/22/04-80050-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

3/17/04 305-854-2036