
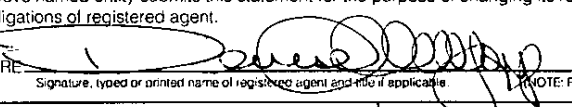
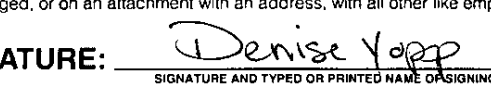


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90030 019 ***150.00

DOCUMENT # P96000038644			
1. Entity Name DENISE YOPP, L.P.E., INC.			
Principal Place of Business 18622 SW 41 ST. MIRAMAR, FL 33029		Mailing Address 18622 SW 41 ST. MIRAMAR, FL 33029	
2. Principal Place of Business 18622 SW 41 ST. 4811 SW 168 Ave		3. Mailing Address 18622 SW 41 ST. 4811 SW 168 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SW Ranches A		City & State SW Ranches A	
Zip 33331	Country USA	Zip 33331	Country USA
6. Name and Address of Current Registered Agent YOPP, DENISE 18622 SW 41 STREET 4811 SW 168 Ave MIRAMAR, FL 33029 SW Ranches A 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOPP, DENISE 18622 SW 41 STREET 4811 SW 168 Ave MIRAMAR, FL 33029 SW Ranches A 33331	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		2/16/05 9544335123 Date Daytime Phone #	



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0674969 Applied For Not Applicable

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