

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000070754 1. Entity Name B.O.P.P. CONVERTING CORP.	
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Principal Place of Business 7924 N.W. 67 ST MIAMI, FL 33166 US	Mailing Address 7924 N.W. 67 ST MIAMI, FL 33166 US
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716783	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LOPEZ, JUAN P 7924 N.W. 67 ST MIAMI, FL 33166
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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JUAN P 7924 NW 67 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, ALEXANDER M 7922 NW 67 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, PATRICK D 12001 SW 24 TERR. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: _____ **5/9/05** **(305) 592-2677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #