2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

1. Entity Nam	MENT # P980000234 o lopez, p.a.	18			Secre	tary of State
Principal Place 6836 VISTA I ORLANDO, FI	PARK BLVD.	Mailing Address 6836 VISTA PARK BLVD. ORLANDO, FL 32829				
D	O NOT WRITE	4	CE	01082004 4. FEI Numb 59-350	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re ODESTO A PARK BLVD.), FL 32829	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 agnature required when reinstating) DATE						
Signalure typed or printed name of registered agent and title if applicable (NOTE Registered Agent FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be		DATE
10.	OFFICERS AND DI	RECTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LOPEZ, MODESTO 6836 VISTA PARK BLVD. ORLANDO, FL 32829				00000 01/15/04	0005074 -80036-023 150.00
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT W	
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN '	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
12. Thereby certify that the information supplied with this filling 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 expose 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 the empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Topic & Day tree Phone &						