FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90725 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000097042

1. Entity Name
LOPEZ ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business	Mailing Address
1800 W 49TH ST SUITE 121 HIALEAH, FL 33012	1800 W 49TH ST SUITE 121 HIALEAH, FL 33012

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 W. 49 St.	1800 W. 49 St
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Hialeah, Fl.	City & State: Hialeah, FL.
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 65-0876571 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, JORGE R 1800 W 46TH ST SUITE 121 HIALEAH, FL 33012	Name: Jorge R. Lopez Street Address (P.O. Box Number is Not Acceptable): 1800 W. 49 St. #201 City: Hialeah, FL Zip Code: 33012

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: Jorge R. Lopez DATE: 4-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, JORGE R 1800 W 49TH ST, STE 121 HIALEAH, FL 33014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lopez, Jorge R 1800 W. 49 St. #201 Hialeah, Fl. 33012 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Jorge R. Lopez, Pres. 4/28/04 305-825-3537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #