

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62832

**Entity Name:** LOPEFRA CORP.

**Current Principal Place of Business:**

7855 NW 29TH STREET  
SUITE 182  
DORAL, FL 33122

**Current Mailing Address:**

7855 NW 29TH STREET  
SUITE 182  
DORAL, FL 33122 US

**FEI Number:** 65-0182502

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HARTIGAN, ROSEMARY L  
7855 NW 29TH STREET  
SUITE 182  
DORAL, FL 33122 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LOPEZ, CECILIO  
Address 7855 NW 29 STREET, #182  
City-State-Zip: DORAL FL 33122

Title D  
Name LOPEZ, CARLOS C  
Address 7855 NW 29 STREET, #182  
City-State-Zip: DORAL FL 33122

Title D  
Name HARTIGAN, ROSEMARY L  
Address 7855 NW 29 STREET. #182  
City-State-Zip: DORAL FL 33122

Title DIRECTOR  
Name LOPEZ, ANTHONY C  
Address 7855 NW 29 STREET. #182  
City-State-Zip: DORAL FL 33122

Title DIRECTOR  
Name LOPEZ, ROBERTO  
Address 7855 NW 29 STREET  
182  
City-State-Zip: DORAL FL 33122

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSEMARY HARTIGAN

**DIRECTOR**

**03/12/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date