**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 09, 2019**
**Secretary of State**
**5654609728CC**

DOCUMENT# P11000034369

**Entity Name:** LOPEZ CARLA G, P.A.

**Current Principal Place of Business:**

9499 COLLINS AVE
411
SURFSIDE, FL 33154

**Current Mailing Address:**

C/O MANAGEMENT LLC
P.O. BOX 490975
KEY BISCAYNE , FL 33149 US

**FEI Number: 45-1557210**

**Certificate of Status Desired:** No

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

LOPEZ, CARLA G
9499 COLLINS
411
SURFSIDE, FL 33154 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 | P, ST |
| Name | LOPEZ, CARLA G |
| Address | 9499 COLLINS AVE<br>411 |
| City-State-Zip: | SURFSIDE FL 33154 |

*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: CARLA G LOPEZ P 02/09/2019

Electronic Signature of Signing Officer/Director Detail — Date