

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000102560

Entity Name: ABEL LOPEZ, P.A.

Current Principal Place of Business:

5757 BLUE LAGOON DR.
SUITE 230
MIAMI, FL 33126

Current Mailing Address:

5757 BLUE LAGOON DR.
SUITE 230
MIAMI, FL 33126 US

FEI Number: 45-3970746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, ABEL
5757 BLUE LAGOON DR.
SUITE 230
MIAMI, FL 33126 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
Name LOPEZ, ABEL
Address 5757 BLUE LAGOON DR.
SUITE 230
City-State-Zip: MIAMI FL 33126

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: ABEL LOPEZ

PRESIDENT

03/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date