

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000010273

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC0485495093**

**Entity Name:** FABIO LOPEZ SERVICES CORPORATION

**Current Principal Place of Business:**

8353 LAKE DR APT 202  
DORAL, FL 33166

**Current Mailing Address:**

8353 LAKE DR APT 202  
DORAL, FL 33166 US

**FEI Number:** 46-4785540

**Certificate of Status Desired:** Yes

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

LOPEZ, FABIO  
8353 LAKE DR APT 202  
DORAL, FL 33166 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            PRES  
Name            LOPEZ, FABIO  
Address        8353 LAKE DR APT 202  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            LOPEZ, FABIO  
Address        8353 LAKE DR APT 202  
City-State-Zip: DORAL FL 33166

Title            SEC  
Name            LOPEZ, FABIO  
Address        8353 LAKE DR APT 202  
City-State-Zip: DORAL FL 33166

*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:** FABIO LOPEZ

**PRES**

**04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date