

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2004 91000 020 \*\*\*150.00

**DOCUMENT # F01000004103**

1. Entity Name  
**LUMINUS TECHNOLOGIES, CORP.**



Principal Place of Business  
**1402 BRICKELL BAY DR.  
 #1103  
 MIAMI, FL 33131**

Mailing Address  
**1402 BRICKELL BAY DR.  
 #1103  
 MIAMI, FL 33131**

**14019081**



2. Principal Place of Business

3. Mailing Address  
**300 SEVILLA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 201**

03192004 Chg-P CR2E034 (10/03)

City & State

City & State  
**CORAL GABLES - FL**

4. FEI Number  
**65-1127674**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33134**

Country

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

**NUNEZ, DIEGO  
 1402 BRICKELL BAY DR. #1103  
 MIAMI, FL 33131**

Name  
**DIEGO NUNEZ ZAMBRANO**

Street Address (P.O. Box Number is Not Acceptable)

**300 SEVILLA AVE SUITE 201**

City **CORAL GABLES** FL Zip Code **33134**

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 **[Signature]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**APR 30-04**

**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 **PC**  Delete  
 NAME **NUNEZ, DIEGO**  
 STREET ADDRESS **1402 BRICKELL BAY DR. #1103**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **CEO**  Change  Addition  
 NAME **DIEGO NUNEZ ZAMBRANO**  
 STREET ADDRESS **300 SEVILLA AVE #201**  
 CITY-ST-ZIP **CORAL GABLES - FL 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 30-04**

Date

Daytime Phone #