

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90019 039 \*\*\*158.75

DOCUMENT # P00000001796

1. Entity Name

LUGO'S HOLDINGS, INC.



Principal Place of Business

585 TAMMY ROAD  
LOT 68  
CLEWISTON FL 33440

Mailing Address

585 TAMMY ROAD  
LOT 68  
CLEWISTON FL 33440

2. Principal Place of Business

1414 N.W. 19 ST.  
Suite, Apt. #, etc.

3. Mailing Address

1414 N.W. 19 ST  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

65-0971260

Applied For

Not Applicable

Zip

33993

Country

U.S.

Zip

33993

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUGO, NATASHA  
585 TAMMY RD  
LOT 68  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name Lugo, NATASHA

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

1414 N.W. 19 ST.

City Cape Coral

FL

Zip Code 33993

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 obligation of registered agent.

SIGNATURE

*Natasha Lugo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LUGO, NATASHA  
STREET ADDRESS 585 TAMMY ROAD LOT 68  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE V ☐ Delete  
NAME LUGO, SERGIO MIGUEL  
STREET ADDRESS 1430 SOUTHEAST 13TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 119, 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

*Natasha Lugo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

Date

(239) 573-3437

Daytime Phone #