

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90159 009 ***150.00

DOCUMENT # P03000100806

1. Entity Name
LUMARO TRANSPORTATION, INC.



Principal Place of Business

**15480 SW 59 STREET
MIAMI, FL 33193**

Mailing Address

**15480 SW 59 STREET
MIAMI, FL 33193**

40055110



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0740917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTINEZ, MADELYN S
15480 SW 59 STREET
MIAMI, FL 33193**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROQUE, LUIS A 15480 SW 59 STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MADELYN S 15480 SW 59 STREET MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, without one being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07 305-970-1201