

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90288 004 \*\*\*150.00

0004001



04032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000026740</b>			
1. Entity Name LUGO FASHION SALES CLOTHING INC.			
Principal Place of Business 2766 SW 14 STREET MIAMI, FL 33145 US		Mailing Address 2766 SW 14 STREET MIAMI, FL 33145 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-2359827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARIA, LUGO 2766 SW 14 STREET MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LUGO, MARIA 2766 SW 14 STREET MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowerments.			
SIGNATURE: <i>Maria Lugo</i>		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			