2007 FOR PROFIT CORPORATION

Jan 22, 2007 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P92000012907** 1. Entity Name A-1 LUPIMA SERVICES CORP. Mailing Address Principal Place of Business 14850 SW 156 ST 14850 SW 156 ST MIAMI, FL 33187 MIAMI, FL 33187 US 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0384893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOTTA, LUIS ALBERTO DO NOT WRITE 14850 SW 156 ST MIAMI, FL 33187 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 tipe if applicable. (NOTE: Registered Agent aigneture required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550,00 Added to Fees 10. OFFICERS AND DIRECTORS PSTO TITLE MOTTA, LUIS ALBERTO NAME STREET ADDRESS 14850 SW 156 ST CITY-ST-7/P MIAMI, FL 33187 TITLE U00000595895 STREET ADDRESS 01/23/07-80057-016 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 the 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 empoyered 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 attactyphent with an accidency with all other liked empowered.

SIGNATURE: 4

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

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FILED