


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90045 010 \*\*\*150.00

DOCUMENT # <b>P94000084832</b>	
1. Entity Name <b>Window Dressing by Lumas, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>15 South J. Street</b>	3. Mailing Address <b>15 South J Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**50055742**

DO NOT WRITE IN THIS SPACE

City & State <b>Lake Worth, Fla</b>	City & State <b>Lake Worth Fla</b>	4. FEI Number <b>65-0533859</b>	Applied For Not Applicable
Zip <b>33460</b>	Country <b>USA</b>	Zip <b>33460</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <b>MARIA A Nunez</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>15 South J Street</b>		
	City <b>Lake Worth</b>	FL	Zip Code <b>33460</b>

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 *Maria A Nunez* DATE **7/13/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARIA A Nunez</b> <b>6236 16th Place South</b> <b>West Palm Beach Fla 33415</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>James Heaton</b> <b>1815 N 17th Court</b> <b>Lake worth, Fla 33460</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria A Nunez* DATE **7/13/05** 561-533-9102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Dear Sirs

ATTACHMENT  
~~# 194000084832~~  
~~50055742~~

The notice was never received  
by us. We had a change of address

Thank you  
J. Heath

Could you please send a letter to us  
stating we are a corporation