

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097678

FILED
Apr 29, 2009
Secretary of State

Entity Name: LUMINA PROPERTIES, INC.

Current Principal Place of Business:

905 BRICKELL BAY DRIVE
TOWER 2, SUITE 1226
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O REGISTERED AGENT CORPORATE SERVICES
355 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134 US

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 65-0670574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAURICIO FACUSSE, MIGUEL
Address: 905 BRICKELL BAY DRIVE, T-II, SUITE 1226
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: FACUSSE, LORENA
Address: 905 BRICKELL BAY DRIVE, TOWER II, #1226
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: RIVERA, MARIA A
Address: 905 BRICKELL BAY DRIVE, TOWER II, #1226
City-St-Zip: MIAMI, FL 33131

Title: O () Delete
Name: OLIVARES, PATRICIA
Address: 905 BRICKELL BAY DRIVE, TOWER II, #1226
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. RIVERA

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date