


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90988 024 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000103551

1. Entity Name
LUXOR DISTRIBUTORS & CONSULTANTS, INC.



Principal Place of Business 9821 N.W. 80 AVE 5 D HIALEAH GARDENS, FL 33016 US	Mailing Address P O BOX 127547 HIALEAH, FL 33012 US
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2. Principal Place of Business <i>216 POINCIANA ISLAND DR</i> Suite, Apt. #, etc.	3. Mailing Address <i>216 POINCIANA ISL. DR.</i> Suite, Apt. #, etc.
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City & State <i>Sunny Isles Beach, FL</i>	City & State <i>Sunny Isles Beach, FL</i>
Zip <i>33160</i>	Zip <i>33160</i>
Country <i>U.S.A.</i>	Country <i>U.S.A.</i>



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0800170** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 KAMINSKY, GRACIELA
 216 POINCIANA ISLAND DR
 N MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME KAMINSKY, GRACIELA	
STREET ADDRESS 216 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP N. MIAMI BEACH, FL 33160	
TITLE SD	<input type="checkbox"/> Delete
NAME KAMINSKY, NORBERTO	
STREET ADDRESS 216 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP N. MIAMI BEACH, FL 33160	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-29-03* Daytime Phone # *305 2150849*

CR2E034 (10/02)