


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000033643 1. Entity Name LUPEGE INC.	
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Principal Place of Business 354 SEVILLA AVENUE CORAL GABLES, FL 33134	Mailing Address 354 SEVILLA AVENUE CORAL GABLES, FL 33134
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830935	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

KOSS, A.
782 NW 42 AVENUE #448
MIAMI, FL 33126

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CEBALLOS, HAYDEE 354 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINS, LUIZ R PAS COAL VITA SS7 APT 6 SAO PAULO BRAZIL SP0544-5001.
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 05/17/06-80012-005 150.00

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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 empowered.

SIGNATURE: Haydee Ceballos HAYDEE CEBALLOS 4/20/06 305 448-5255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 PRESIDENT