


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # V45101  
 1. Entity Name  
 LUNIA, INC.



Principal Place of Business 11111 BISCAYNE BLVD UNIT 1205 MIAMI, FL	Mailing Address 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0365415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENALVER, AURORA  
 1101 BRICKELL AVE  
 SUITE 1700  
 MIAMI, FL 33131

**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, 2004 Fee will be \$550.00**

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

U00000126406  
 04/23/04-80032-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENASSI, WALDEMAR
STREET ADDRESS	11111 BISCAYNE BLVD 1205
CITY ST ZIP	MIAMI, FL
TITLE	D
NAME	BENASSI, ALICE ESTHER
STREET ADDRESS	11111 BISCAYNE BLVD 1205
CITY ST ZIP	MIAMI, FL
TITLE	D
NAME	BENASSI, HUMBERTO PAULO
STREET ADDRESS	11111 BISCAYNE BLVD 1205
CITY ST ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Harold ... Attorney-in-Fact* Date: 4/20/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR