


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 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

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0365415

Applied For
Not Applicable

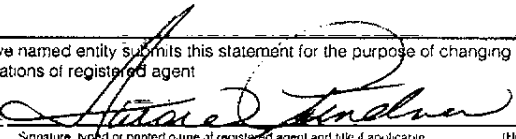
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: 
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D BENASSI, WALDEMAR 11111 BISCAYNE BLVD 1205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENASSI, ALICE ESTHER 11111 BISCAYNE BLVD 1205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENASSI, HUMBERTO PAULO 11111 BISCAYNE BLVD 1205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/05-80075-024 150.00

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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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/05**
Date

Daytime Phone #