



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90055 011 ***158.75

DOCUMENT # M89217 1. Entity Name LUIVIMA, INC.					
Principal Place of Business 2655 LE JEUNE ROAD #1015 CORAL GABLES, FL 33134-5803			Mailing Address 2655 LE JEUNE ROAD #1015 CORAL GABLES, FL 33134-5803		
2. Principal Place of Business 12042 SW 10 TERRACE Suite, Apt. #, etc.		3. Mailing Address 12042 SW 10 TERRACE Suite, Apt. #, etc.		60008766 	
City & State MIAMI		City & State MIAMI		4. FEI Number NOT APPLICABLE	
Zip 33184		Country FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIYAR, RAMON 2655 LE JEUNE ROAD SUITE #1015 CORAL GABLES, FL 33134-5803			7. Name and Address of New Registered Agent Name MIYAR RAMON Street Address (P.O. Box Number is Not Acceptable) 12042 SW 10 TERRACE City MIAMI FL Zip Code 33184		
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 <u><i>Ramon Miyar</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>RAMON MIYAR</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><i>01/26/2006</i></u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, LUIS ALBERTO 2655 LE JEUNE ROAD, SUITE #1015 CORAL GABLES, FL 331345803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12042 SW 10 TERRACE MIAMI FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, AMPARO 2655 LE JEUNE ROAD, SUITE #1015 CORAL GABLES, FL 331345803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12042 SW 10 TERRACE MIAMI FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, JORGE ALBERTO 2655 LE JEUNE ROAD, SUITE #1015 CORAL GABLES, FL 331345803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12042 SW 10 TERRACE MIAMI FL 33184	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Luis Alberto Villa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>Luis Alberto Villa</i></u>		<u><i>1/26/2006</i></u> <u><i>305-554-5583</i></u> <small>Date Daytime Phone #</small>	