


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90020 015 \*\*\*150.00

DOCUMENT # P01000044732		
1. Entity Name LULI, CORP.		
Principal Place of Business 3190 NW 38TH STREET MIAMI FL 33142		Mailing Address 3951 SW 4TH ST. CORAL GABLES FL 33134
2. Principal Place of Business 3951 SW 4th ST	3. Mailing Address 3951 SW 4th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Coral Gables FL	City & State Coral Gables FL	
Zip 33134	Country	Zip 33134
Country		Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-1100073		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  VALDES, LOURDES B 3190 NW 38TH STREET MIAMI FL 33142		
7. Name and Address of New Registered Agent Name: VALDES, LOURDES B Street Address (P.O. Box Number is Not Acceptable): 3951 SW 4th ST City: Coral Gables FL Zip Code: 33134		

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**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input type="checkbox"/> Delete	TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, LOURDES B		NAME VALDES, LOURDES B	
STREET ADDRESS 3190 NW 38TH STREET		STREET ADDRESS 3951 SW 4th ST	
CITY-ST-ZIP MIAMI FL 33142		CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, JOSE M		NAME VALDES, JOSE M.	
STREET ADDRESS 3190 NW 38TH STREET		STREET ADDRESS 3951 SW 4th ST	
CITY-ST-ZIP MIAMI FL 33142		CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Jose M. Valdes 02/28/06 (815) 638-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #