


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000106997 1. Entity Name LUIS PEREZ GALERIA, INC.	
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Principal Place of Business 1200 BRICKELL BAY DRIVE 1602 MIAMI, FL 33131	Mailing Address 1200 BRICKELL BAY DRIVE 1602 MIAMI, FL 33131
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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ARROM, ORLANDO
10556 NW 26 ST, STE 203
MIAMI, FL 33172**

**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 re-registering) DATE _____

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLANO DE PEREZ, AURA HILDA 1200 BRICKELL BAY DRIVE, APT 1602 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ NAVAS, LUIS EMILO 1200 BRICKELL BAY DRIVE, APT 1602 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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03/28/06 80036-001 150.00

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: *Aura Hilma Molano* *AURA HILMA MOLANO* 3/10/06 3053797763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #