# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

PRESIDENT

### SIGNATURE: MICHAEL BULNES

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P06000047223

Entity Name: LUXURY LIFESTYLE PUBLICATIONS, INC.

### **Current Principal Place of Business:**

232 ANDALUSIA AVENUE SUITE 200 CORAL GABLES, FL 33134

# **Current Mailing Address:**

232 ANDALUSIA AVENUE SUITE 200 CORAL GABLES, FL 33134

# FEI Number: 51-0571830

### Name and Address of Current Registered Agent:

BULNES, MICHAEL 232 ANDALUSIA AVENUE SUITE 200 CORAL GABLES, FL 33134 US

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. SIGNATURE:

### Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	VD	Title	PSD
Name	BULNES, NORA	Name	BULNES, MICHAEL
Address	232 ANDALUSIA AVENUE #200	Address	232 ANDALUSIA AVENUE #200
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	т		
Name	SILVESTRI, PHILIP		
Address	232 ANDALUSIA AVENUE #200		
City-State-Zip:	CORAL GABLES FL 33134		

above, or on an attachment with all other like empowered.

# Certificate of Status Desired: No

01/28/2013

FILED Jan 28, 2013 Secretary of State CC5872588751

Date

Date