

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000098026

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9434814364**

**Entity Name:** LUXOFNAPLES CORPORATION

**Current Principal Place of Business:**

780 FIFTH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

780 FIFTH AVENUE SOUTH  
NAPLES, FL 34102

**FEI Number:** 46-4272802

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FAGA, ANTONIO  
7995 AIRPORT PULLING ROAD  
NAPLES, FL 34109 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

Date

**Officer/Director Detail :**

Title            P  
Name            LUXOFNAPLESINC  
Address        40 EAST MAIN STREET  
City-State-Zip: NEWARK DE 19711

Title            T  
Name            RILEY, MARK P  
Address        780 FIFTH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

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

**SIGNATURE:** MARK RILEY

**TREASURER**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date