

Apr.26. 2005 4:34PM

No.6924 P. 2/3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 406620

1. Entity Name
LUMA PROPERTIES, INC



Principal Place of Business
**5270 S.W. 88TH STREET
MIAMI, FL 33156**

Mailing Address
**PO BOX 431124
MIAMI, FL 33243**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1778609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUCHMAN, GINA K
5270 SW 88 ST
MIAMI, FL 33156**

**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

Signature, typed or printed name of registered agent next to 8(a) if Applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000357067

05/04/05 88060 062 155 08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TUCHMAN, VIVIAN
STREET ADDRESS	10261 SW 142 STREET
CITY-STATE-ZIP	MIAMI, FL 33176
TITLE	S
NAME	KRIVOCHEY TUCHMAN GINA
STREET ADDRESS	5270 SW 88 ST
CITY-STATE-ZIP	MIAMI, FL 33156
TITLE	T
NAME	KLEIN, DIANA
STREET ADDRESS	1649 BUSHGROVE CT
CITY-STATE-ZIP	WESTLAKE VILLAGE, CA 91361
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4/27/05

305-2443369