2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #641591

1. Entity Name LUMINAIRE CONTRACT, INC.



Principal Place of Business Mailing

8950 NW 33 ST MIAMI, FL 33172 US Mailing Address 8950 NW 33 ST MIAMI, FL 33172 FILED Feb 05, 2007 08:00 AM Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. remonioe		Lubbingo Lo.
59-2222692		Not Applicable
5. Certificate of Status Desired	T	5 Additional

6. Name and Address of Current Registered Agent

KASSAMALI, NASIR 8950 NW 33 ST MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

	•	rpose of changing its registers	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	ions of registered agent. Signature, typed or printed name of registered agent and title if	englophia (NOTE Registration	f Ágant signatura	required when reinstating)	DATE	
	Signature, typed or printed name of registered agent and title (Epplicable (NOTE Registered	a Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	rors				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASSAMALI, NASIR 8950 NW 33 ST MIAMI, FL 33172					
NAME STREET ADDRESS CITY-ST-ZIP	STD KASSAMALI, NARGIS 8950 NW 33 ST MIAMI, FL 33172				U00000619655 02/09/07-80005-007 1250.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

PRESIDENT

NOSIL KASSAMELI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR