

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91000 020 ***150.00

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1. Entity Name
LUMINUS TECHNOLOGIES, CORP.



Principal Place of Business
1402 BRICKELL BAY DR.
#1103
MIAMI, FL 33131

Mailing Address
1402 BRICKELL BAY DR.
#1103
MIAMI, FL 33131

14019081



2. Principal Place of Business

3. Mailing Address
300 SEVILLA AVE.
SUITE 201

03192004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL GABLES - FL

4. FEI Number
65-1127674

Applied For
Not Applicable

Zip

Country

Zip
33134

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, DIEGO
1402 BRICKELL BAY DR. #1103
MIAMI, FL 33131

Name
DIEGO NUNEZ ZAMBRANO

Street Address (P.O. Box Number is Not Acceptable)

300 SEVILLA AVE SUITE 201

City CORAL GABLES FL Zip Code 33134

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 30-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete
NAME NUNEZ, DIEGO
STREET ADDRESS 1402 BRICKELL BAY DR. #1103
CITY-ST-ZIP MIAMI, FL 33131

TITLE CEO ☒ Change ☐ Addition
NAME DIEGO NUNEZ ZAMBRANO
STREET ADDRESS 300 SEVILLA AVE #201
CITY-ST-ZIP CORAL GABLES - FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

APR 30-04