2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F01000004103

1. Entity Name
LUMINUS TECHNOLOGIES, CORP.

Principal Place of Business	Mailing Address
3684 SW 23RD STREET MIAMI, FL 33145	3684 SW 23RD STREET MIAMI, FL 33145

qu11--

07082008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1127674	Not Applicable

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

6. Name and Address of Current Registered Agent

NUNEZ-ZAMBRANO, DIEGO
3684 SW 23RD STREET
MIAMI, FL 33145

4675 Ponce de Leon Blvd #305 Coral Gables FL 33146

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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 and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE *07/09/08*

_FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	NUNEZ-ZAMBRANO, DIEGO
STREET ADDRESS	3684 SW 23RD STREET *4675 Ponce de Leon*
CITY-ST-ZIP	MIAMI, FL 33145 *Blvd #305 Coral Gables FL 33146*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *07/09/08*   Daytime Phone # *305/665401*