## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Patricial homa fandri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **Secretary of State** DOCUMENT # F07000004874 02-08-2008 90028 032 \*\*\*\*61.25 1. Entity Name LUMÉN DEI, INC. Principal Place of Business Mailing Address 340 W. 53RD STREET 340 W. 53RD STREET NEW YORK, NY 10019 NEW YORK, NY 10019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 13-3276897 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDRI, PATRICIA H. SANDRI, PATRICIA M. ess (P.O. Box Number is Not Acceptable) 6 SW 79 The Terrace 158 56 SW 79TH TERRACE MIAMI, FL 33193 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE P SANDRI, PATRICIA M. SANDRI, PATRICIA M. NAME NAME SW 79th Terrace 15856 158-56 SW 79 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP FL 33193 Hiami TITLE ☐ Delete Change TITLE ■ Addition VARGAS, EVA-158-56 SW 79 ST. VARGAS, EVA 15856 SW 7944 Terrace NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP FL 33193 Miami TITLE TITLE Change ☐ Addition ☐ Delete JAINES, MARTHA JAIMES, MARTHA NAME NAME 15856 SW 79th Terrace STREET ADDRESS 158-56 SW 79 ST. STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP FL 33193 Miami TITLE Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

FILED

Feb 08, 2008 8:00 am

Daytime Phone #