


**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # F07000004874</b>					
1. Entity Name <b>LUMEN DEI, INC.</b>					
Principal Place of Business <b>340 W. 53RD STREET NEW YORK, NY 10019</b>			Mailing Address <b>340 W. 53RD STREET NEW YORK, NY 10019</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
<b>SANDRI, PATRICIA M. 158 56 SW 79TH TERRACE MIAMI, FL 33193</b>				Name <b>SAN</b>	
				Street Address <b>15856</b>	
				City <b>Miam</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.					
SIGNATURE <u>Patricia M. Sandri</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P SANDRI, PATRICIA M. 158-56 SW 79 ST. MIAMI, FL 33193		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP VARGAS, EVA 158-56 SW 79 ST. MIAMI, FL 33193		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S JAIMES, MARTHA 158-56 SW 79 ST. MIAMI, FL 33193		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
11.					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P SA 158 HI			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP VA 158 M			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S JA 158 M			
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 indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Patricia M. Sandri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					