2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F38349 Feb 05, 2007 08:00 AM **Secretary of State** LUXCOR, INC. Principal Place of Business Mailing Address PO BOX 530757 MIAMI SHORES FL 33153 1201 NE 98TH ST MIAMI SHORES FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-2231445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEGEDUS, PILAR Street Address (P.O. Box Number is Not Acceptable) C/O INES HEGEDUS-GARCIA 1201 NE 98TH ST MIAMI SHORES FL 33138 City Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SDT offf. Change Delete Addition HILL PILAR, HEGEDUS NAMI NAME 1201 NE 98TH STREET SHEDE ADDRESS STREET ADDRESS U00000622042 MIAMI SHORES FL 33138 CHY-SJ-ZIP CITY-ST-ZIP 02/13/07-80010-005 150.00 ■ Addition ☐ Delete 11111 Change SOLER, ANTONIO CORRAL NAME 1201 NE 98TH STREET STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CHY-SI-ZIP CHY-SI-ZIP Change 11111 Delete IIII ☐ Addition HEGEDUS-GARCIA, INES NAMI* NAME 1201 NE 98TH ST. STINET, I ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI SHORES FL 33138 CHY-S1-7/P Addition ☐ Detele ☐ Change NAMI STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-S1-7IP ■ Addition Delete 1000☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hiri ☐ Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP COY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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

andress, with all other like empowered.

SIGNATURE

FILED