

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77593

Entity Name: LUFEMOR, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

5392 W. 16 AVE.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5392 W. 16 AVE.
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-2556822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, OSCAR, ESQ.
6175 N.W. 153 ST.
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORALES, LOUIS F.,
Address: 12360 SW 22ND LANE
City-St-Zip: MIAMI, FL

Title: DV () Delete
Name: MORALES, MARIA DILIA,
Address: 12360 SW 22ND LANE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MORALES, CECILIA
Address: 12360 SW 22 LANE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS MORALES

PRES

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date