2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State
04-18-2006 90079 049 ***150.00

DOCUMENT # H46571

1. Entity Name

LUIS MIGLIORE, INC.

Principal Place of Business	Mailing Address
2311 MEDFORD LANE SUITE B BRANDON FL 33511 US	2311 MEDFORD LANE SUITE B BRANDON FL 33511 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1223 NASVILLE DV	1223 NASVILLE DV
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B
City & State WESLEY CHAPEL	City & State WESLEY CHAPEL
Zip 33543 Country PASCO	Zip 33543 Country PASCO

4. FEI Number 59-2501629 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIGLIORE, LUIS
2311 MEDFORD LANE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name MIGLIORE LUIS
Street Address (P.O. Box Number is Not Acceptable)
1223 NASVILLE DV. WESLEY CHAPEL
City PASCO FL Zip Code 33543

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIGLIORE, LUIS		NAME	
STREET ADDRESS	2311 MEDFORD LANE		STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: Luis Migliore 4/10/06 813 490 0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #