

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80934

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALLURE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2520 NW 97 AVE
110 REAR
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226915
MIAMI, FL 331226915

New Mailing Address:

FEI Number: 65-0029796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, LUIS CESAR
719 N.W. 105 PLACE
MIAMI, FL 33172 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: PDVD () Delete
Name: NUNEZ, LUIS CESAR,
Address: 719 NW 105 PL.
City-St-Zip: MIAMI, FL 33172

Title: SDTD () Delete
Name: NUNEZ, LUIS CESAR,
Address: 719 NW 105 PL.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: LUIS CESAR NUNEZ

PDVD

04/29/2005

Electronic Signature of Signing Officer or Director

Date