

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J80934

1. Entity Name
ALLURE MANAGEMENT SERVICES, INC.



Principal Place of Business
**2520 NW 97 AVE
110 REAR
MIAMI, FL 33172**

Mailing Address
**P.O. BOX 226915
MIAMI, FL 33122-6915**

FILED

06 APR 27 AM 11:38

STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0029796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, LUIS CESAR
719 N.W. 105 PLACE
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVD NUNEZ, LUIS CESAR 719 NW 105 PL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD NUNEZ, LUIS CESAR 719 NW 105 PL. MIAMI, FL 33172
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05/08/06--01018--005 **163.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

305-470-9758

Daytime Phone #

Luis C. Nunez