


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L84332 1. Entity Name LUPO INC.	
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Principal Place of Business C/O A. JOHN HUGHES JR., ESQ. 2121 MCGREGOR BLVD. FORT MYERS, FL 33901	Mailing Address C/O A. JOHN HUGHES JR., ESQ. 2121 MCGREGOR BLVD. FORT MYERS, FL 33901
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 18 PM 2:56



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0206395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUGHES, JOHN A JR. 2121 MCGREGOR BLVD. FORT MYERS, FL 33901
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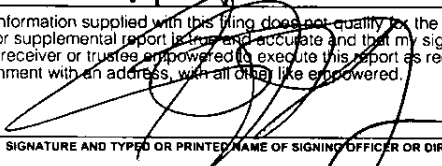
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JOHN A JR. 2121 MC GREGOR BOULEVARD FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, PETER KLUSWEG 34 8032 ZURICH SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>900133268239 07/22/08--01011--012 **150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 7/17/08 Daytime Phone #: 239 337-4500