

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90083 014 ***150.00

DOCUMENT # M66001

1. Entity Name
HYPOLUXO STORAGE, INC.



Principal Place of Business
7800 CORAL STREET
HYPOLUXO, FL 33462

Mailing Address
7800 CORAL STREET
HYPOLUXO, FL 33462

50031604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0045052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMBO, MARGARET ANN
7800 CORAL ST
HYPOLUXO, FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEMBO, ALPHONSE
STREET ADDRESS 7800 CORAL STREET
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE VD ☐ Delete
NAME LEMBO, NICHOLAS
STREET ADDRESS 7800 CORAL STREET
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE VD ☐ Delete
NAME GAROFALA, MARYANN
STREET ADDRESS 7800 CORAL STREET
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE VSD ☐ Delete
NAME LEMBO, MARGARET ANN
STREET ADDRESS 7800 CORAL STREET
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Margaret Ann Lembo MARGARET ANN LEMBO 2/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #