

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 035 ***150.00

DOCUMENT # M89217					
1. Entity Name LUIVIMA, INC.					
Principal Place of Business 2588 S.W. 27TH AVENUE MIAMI, FL 33133			Mailing Address 2588 S.W. 27TH AVENUE MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent MIYAR, RAMON 2588 S.W. 27TH AVENUE MIAMI, FL 33133				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VILLA, LUIS ALBERTO		NAME		
STREET ADDRESS	2588 S.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VILLA, AMPARO		NAME		
STREET ADDRESS	2588 S.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VILLA, JORGE ALBERTO		NAME		
STREET ADDRESS	2588 S.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VILLA, LUIS ALBERTO		NAME		
STREET ADDRESS	2588 S.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, 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		
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: <i>[Signature]</i>			04/19/2004 305-503-2320		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04192004 Chg-P CR2E034 (10/03)