

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 21, 2005 8:00 am
Secretary of State

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02172005 Chg-P CR2E034 (10/03)

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 2655 LE JEUNE ROAD		3. Mailing Address 2655 LE JEUNE ROAD			
Suite, Apt. #, etc. SUITE # 1015		Suite, Apt. #, etc. SUITE # 1015			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number NOT APPLICABLE	
Zip 33134-5803		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. 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 MIYAR, RAMON Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD, SUITE # 1015 City CORAL GABLES FL Zip Code 33134-5803		
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 <u><i>Ramon Miyar</i></u> DATE <u>02/17/2005</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, LUIS ALBERTO 2588 S.W. 27TH AVE. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, LUIS ALBERTO 2655 LE JEUNE ROAD, SUITE # 1015 CORAL GABLES, FL 33134-5803 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, AMPARO 2588 S.W. 27TH AVE. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, AMPARO 2655 LE JEUNE ROAD, SUITE # 1015 CORAL GABLES, FL 33134-5803 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, JORGE ALBERTO 2588 S.W. 27TH AVE. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, JORGE ALBERTO 2655 LE JEUNE ROAD, SUITE # 1015 CORAL GABLES, FL 33134-5803 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VILLA, LUIS ALBERTO 2588 S.W. 27TH AVE. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VILLA, LUIS ALBERTO 2655 LE JEUNE ROAD, SUITE # 1015 CORAL GABLES, FL 33134-5803 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u><i>Ramon Miyar</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/17/2005 (305) 503-2320 Date Daytime Phone #		