

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90007 014 \*\*\*150.00

DOCUMENT # P00000021708

1. Entity Name

LUNA PARTNERS, INC.



Principal Place of Business

1408 BRICKELL BAY DR  
SUITE 208  
MIAMI FL 33131

Mailing Address

1408 BRICKELL BAY DR  
SUITE 208  
MIAMI FL 33131

2. Principal Place of Business

2475 BRICKELL AVENUE  
SUITE 2705

3. Mailing Address

2475 BRICKELL AVENUE  
SUITE 2705



1st MOORE

CR2E034 (10/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0997953

Applied For

Not Applicable

Zip

33129

Country

MIAMI-DADE

Zip

33129

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALACZYNSKYJ, NATALIA A  
1402 BRICKELL BAY DR, SUITE 1002  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
NATALIA A. SALACZYNSKYJ  
Street Address (P.O. Box Number is Not Acceptable)  
2475 BRICKELL AVENUE  
SUITE 2705  
City MIAMI FL Zip Code 33129

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SALACZYNSKYJ, NATALIA A  
STREET ADDRESS 1408 BRICKELL BAY DR 2475 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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  
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CITY-ST-ZIP

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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 exemptions contained in Section 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

2/27/06

305-799-3721

Date

Daytime Phone #