

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023454

Entity Name: ASTRALUX INC.

FILED
Feb 17, 2004
Secretary of State

Current Principal Place of Business:

10366 NW 55 ST
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10366 NW 55 ST
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0986270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGLIORE, CARMELO
10366 NW 55 ST
SUNRISE, FL 33351

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASSMANN, DANIEL
Address: PICKHUBEN 6 D- 20457
City-St-Zip: GERMANY, HAMBURG

Title: VP () Delete
Name: MIGLIORE, CARMELO
Address: 10366 NW 55 STREET
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: S () Delete
Name: MIGLIORE, MAYELA
Address: 10366 NW 55 STREET
City-St-Zip: FORT LAUDERDALE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASSMANN, DANIEL
Address: PICKHUBEN 6 D- 20457
City-St-Zip: HAMBURG GERMANY, GE 20457 GE

Title: VP (X) Change () Addition
Name: MIGLIORE, CARMELO
Address: 10366 NW 55 STREET
City-St-Zip: FORT LAUDERDALE, FL 33351 US

Title: S (X) Change () Addition
Name: MIGLIORE, MAYELA
Address: 10366 NW 55 STREET
City-St-Zip: FORT LAUDERDALE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGLIORE, MAYELA

S

02/17/2004

Electronic Signature of Signing Officer or Director

_____ Date