

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000028102

Entity Name: LUNABEL CORP.

FILED
Aug 13, 2009
Secretary of State

Current Principal Place of Business:

709 BREAKERS AVE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

709 BREAKERS AVE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIONDA, COSIMO
709 BREAKERS AVE
FORT LAUDERDALE, FL 33304 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIONDA, COSIMO
Address: 709 BREAKERS AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: FIONDA, BARBARA
Address: 709 BREAKERS AVE
City-St-Zip: FT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: COSIMO FIONDA

PD

08/13/2009

Electronic Signature of Signing Officer or Director

Date