


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000041131	
1. Entity Name SOL LUNA, INC.	

Principal Place of Business 10185 COLLINS AVE, SUITE 316 BAL HARBOUR, FL 33154	Mailing Address 10185 COLLINS AVE, SUITE 316 BAL HARBOUR, FL 33154
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 83-0399717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEZ, ARMANDO
1710 NE 170 STREET
MIAMI, FL 33162

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IN THIS SPACE

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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BENAIM, VIVIAN
STREET ADDRESS	9801 COLLINS AVE SUITE 6X
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	PC
NAME	ATTAS, IVONNE
STREET ADDRESS	10185 COLLINS AVE SUITE 216
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	VS
NAME	HUMPIERRES, JONATHAN
STREET ADDRESS	10185 COLLINS AVE SUITE 316
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	NOVIKAW, TAMARA
STREET ADDRESS	10185 COLLINS AVE SUITE 316
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	BEUAIM, CLY
STREET ADDRESS	10185 COLLINS AVE SUITE 316
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	TANNER, ESTER
STREET ADDRESS	9801 COLLINS AVE SUITE 6X
CITY-ST-ZIP	MIAMI BEACH, FL 33154

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1000000220448
02/08/05-80071-001 150.00

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: *IVONNE ATTAS* **1-28-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #