2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# P00000041131

Entity Name: SOL LUNA, INC.

Current Principal Place of Business:

10185 COLLINS AVE, SUITE 316
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

10185 COLLINS AVE, SUITE 316
BAL HARBOUR, FL 33154

New Mailing Address:

FEI Number: 83-0399717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ARMANDO
1710 NE 170 STREET
MIAMI, FL 33162 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ATTAS, IVONNE
Address: 9801 COLLINS AVE SUITE 6X
City-St-Zip: MIAMI BEACH, FL 33154

Title: PC ( ) Delete
Name: ATTAS, IVONNE
Address: 10185 COLLINS AVE SUITE 216
City-St-Zip: MIAMI BEACH, FL 33154

Title: VS ( ) Delete
Name: HUMPIERRES, JONATHAN
Address: 10185 COLLINS AVE SUITE 316
City-St-Zip: MIAMI BEACH, FL 33154

Title: D ( ) Delete
Name: NOVIKAW, TAMARA
Address: 10185 COLLINS AVE SUITE 316
City-St-Zip: MIAMI BEACH, FL 33154

Title: D ( ) Delete
Name: BENAIM, ELY
Address: 10185 COLLINS AVE SUITE 316
City-St-Zip: MIAMI BEACH, FL 33154

Title: D ( ) Delete
Name: TANNER, ESTER
Address: 9801 COLLINS AVE SUITE 6X
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ATTAS IVONNE TD 02/25/2007

Electronic Signature of Signing Officer or Director Date