


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90291 042 \*\*\*150.00

<b>DOCUMENT # P00000048348</b>					
<b>1. Entity Name</b> LUMAC ENTERPRISES, CORP.					
<b>Principal Place of Business</b> 1300 S STATE RD 7 HOLLYWOOD, FL 33023			<b>Mailing Address</b> 14319 SW 155 CT MIAMI, FL 33196		
<b>2. Principal Place of Business</b> 4701 SW 45TH STREET Suite, Apt. #, etc. BLDG 11 BAY 8			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> FT. LAUDERDALE			<b>City &amp; State</b>		
<b>Zip</b> 33314		<b>Country</b> U.S.A		<b>4. FEI Number</b> 65-1033916	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MORA, LUIS EDUARDO 9561 FOUNTAINBLEAU BLVD. BLDG 8, UNIT 119 MIAMI, FL 33172			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b> SIGNATURE: <u>Luis Mora</u> <u>Luis Mora</u> <u>PRESIDENT</u> <span style="float: right;">4/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORA, LUIS EDUARDO 14319 SW 155 CT MIAMI, FL 33196	<input type="checkbox"/> Delete			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>			SIGNATURE: <u>Luis Mora</u> <u>Luis Mora</u> <u>PRESIDENT</u> <span style="float: right;">4/27/06 7865366768</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		