

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90055 032 ***150.00

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1. Entity Name
LUNERO TRADING, CORP.



Principal Place of Business

7285 N.W. 87 AVENUE
MIAMI, FL 33178

Mailing Address

7285 N.W. 87 AVENUE
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1021952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVAS, RONALD
7285 N.W. 87 AVENUE
MIAMI, FL 33178

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVA, MARCELA
STREET ADDRESS 109 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33174

TITLE VD
NAME SILVA, LUIS C
STREET ADDRESS 7285 N.W. 87 AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE SD
NAME LOPEZ, ROBERTO
STREET ADDRESS 7285 N.W. 87 AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE TD
NAME SILVA, NESTOR
STREET ADDRESS 7285 N.W. 87 AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: *Marcela Silva* MARCELA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-07 305-593-0834