

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000057319

1. Entity Name
LUXURYGURU, INC.



Principal Place of Business
**8320 SW 91 TERR
MIAMI, FL 33156**

Mailing Address
**8320 SW 91 TERR
MIAMI, FL 33156**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1027947

App. ed For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMIGO, FRANCISCO J
8320 SW 91 TERR
MIAMI, FL 33156**

**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 of the person making the change or the registered agent

Signature of the registered agent

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PS
AMIGO, FRANCISCO J
8320 SW 91 TERR
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VT
LOTKER, MARC
6130 SW 152 STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U000000156006
95/05/04-80060-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

4/18/04