

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 006 ***150.00

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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																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11707 S. Dixie Hwy. Suite, Apt. #, etc. # 337																																																																																																									
City & State 		City & State Pinecrest, Florida		4. FEI Number 65-1027947																																																																																																							
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent AMIGO, FRANCISCO J 8320 SW 91 TERR MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td></td> <td>AMIGO, FRANCISCO J</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8320 SW 91 TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33156</td> <td></td> </tr> <tr> <td></td> <td>VT</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>LOTKER, MARC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6130 SW 152 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td>President: Amigo Francisco J.</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8320 SW 91 Terr.</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33156</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Secty. Maria Amigo</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8320 SW 91 Terr.</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33156</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		AMIGO, FRANCISCO J	<input checked="" type="checkbox"/>	STREET ADDRESS	8320 SW 91 TERR		CITY-ST-ZIP	MIAMI, FL 33156			VT	<input type="checkbox"/>		LOTKER, MARC		STREET ADDRESS	6130 SW 152 STREET		CITY-ST-ZIP	MIAMI, FL 33157				<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>				TITLE	NAME	Change	Addition		President: Amigo Francisco J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	8320 SW 91 Terr.			CITY-ST-ZIP	MIAMI FL 33156					<input type="checkbox"/>	<input type="checkbox"/>						Secty. Maria Amigo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STREET ADDRESS	8320 SW 91 Terr.			CITY-ST-ZIP	MIAMI FL 33156					<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>				
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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: _____ 2/7/06 (305) 224-1631 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											