FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 30 AM 3:57

DOCUMENT # P00000057319

1. Entity Name: LuxuryGuru, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11767 S. Dixie Hwy
Suite, Apt. #, etc.: #337
City & St: Miami FL
Zip: 33156

3. Mailing Address: same

DO NOT WRITE IN THIS SPACE

KS

4. FEI Number: 65-1007909

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Francisco Amigo
Street Address (P.O. Box Number is not Acceptable): 8320 SW 91 Terrace
City: Miami FL 33156

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: VP NAME: Francisco J. Amigo STREET ADDRESS: 8320 SW 91 Terr CITY-ST-ZIP: Miami FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~06/30/09--01005--001 **150.00~~
TITLE: T NAME: Marc Lotker STREET ADDRESS: 6130 SW 152 St CITY-ST-ZIP: Miami FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100157960471 06/30/09--01005--001 **150.00
TITLE: S NAME: Maria Amigo STREET ADDRESS: 8320 SW 91 Terr. CITY-ST-ZIP: Miami FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with all other like empowered.

SIGNATURE: [signature] Secty 3/16/09 (305)274-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #