

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000103427**

**1. Entity Name**

**LUZGO ENTERPRISES, INC.**



**Principal Place of Business**

**12588-B NORTH KENDALL DRIVE  
MIAMI FL 33186**

**Mailing Address**

**12588-B NORTH KENDALL DRIVE  
MIAMI FL 33186**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1071184**

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/06)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOMEZ, LUZ STELLA  
11541 SW 153RD AVENUE  
MIAMI FL 33196**

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**

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  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ Delete  
**NAME** **GOMEZ, GILBERTO**  
**STREET ADDRESS** **11541 SW 153RD AVENUE**  
**CITY-STATE-ZIP** **MIAMI FL**

**TITLE** ☐ Change ☐ Addition  
**NAME** **U000000701110**  
**STREET ADDRESS** **04/20/07-80042-020 150.00**  
**CITY-STATE-ZIP**

**TITLE** **VSD** ☐ Delete  
**NAME** **GOMEZ, LUZ STELLA**  
**STREET ADDRESS** **11541 SW 153RD AVENUE**  
**CITY-STATE-ZIP** **MIAMI FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

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**CITY-STATE-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Signature]*

4/15/07 305-303-7413