

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115962

Entity Name: THE LUXE GROUP, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

305 HUDSON STREET
5 FLOOR
NEW YORK, NY 10013

New Mailing Address:

305 HUDSON STREET
5 FLOOR
NEW YORK, NY 10013

FEI Number: 65-1069107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CARE EMERGENCY MEDICAL SERVICES LLC.
411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

FUHRMAN, DAN
36 NE 1ST STREET
210
MIAMI, FL 33132 US

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.

SIGNATURE: DF

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KING, ERICKA
Address: P.O. BOX 18392
City-St-Zip: ATLANTA, GA 30317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FUHRMAN, DAVID
Address: 8 BERKELEY RD
City-St-Zip: SCARSDALE, NY 10583

Title: VP () Change (X) Addition
Name: FUHRMAN, ISAAC
Address: 305 HUDSON STREET 5 FLOOR
City-St-Zip: NEW YORK, NY 10013

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DF

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date