


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000004773

1. Entity Name
LUHMYL CORPORATION



Principal Place of Business 2121 PONCE DE LEON BLVD. 330 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD. 330 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1067477	Applied For <input type="checkbox"/> Not Applicab/e
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	CDP FLEITA, FELICIANO MP 2121 PONCE DE LEON BLVD., STE 330 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ORTIZ, LISSETTE 2121 PONCE DE LEON BLVD., STE 330 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD., STE 330 CORAL GABLES, FL 33134
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IN THIS SPACE**

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04/13/06-80007-018 150.00

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: Michael Ortiz *Am Provised* 2/27/06 305 476 5270
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #