# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/27

**FILED**
**Jun 30, 2003 8:00 am**
**Secretary of State**
05-27-2003 90174 032 ***150.00

DOCUMENT # P01000041318

1. Entity Name
LUNA AZUL INC.

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55056155

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5505 NW 7Th. Street # W-107 | 5505 NW 7Th. Street # W-107 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33126 Country: USA | Zip: 33126 Country: USA |

4. FEI Number: 65-094918 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Angela Alassia

Street Address (P.O. Box Number is Not Acceptable): 5505 NW 7th Street - # W-107

City: MIAMI FL Zip Code: 33126

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, type or printed name of registered agent and title, if applicable) (If changing Registered Agent, a signature is required where indicated)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Alassia, Angela R.<br>5505 NW 7Th. Street # W-107<br>Miami, Florida 33126 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Suarez, Raquel<br>5505 NW 7Th. Street # W-107<br>Miami, Florida 33126 |
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CR2E034B (12/02)

12. 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 an address, with all other like empowered.

SIGNATURE: Angela Alassia R. ANGELA ALASSIA 05-21-03 (786) 546-6023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #