

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000050105**

1. Entity Name  
**LUMERCA, INC.**



Principal Place of Business

**185 SE 14 TERRACE  
913  
MIAMI, FL 33131**

Mailing Address

**C/O ROBERT PERKINS 401 MIRACLE MILE  
408  
CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-1120854**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRAGA, CLAUDIA  
13700 SW 73 AVE.  
MIAMI, FL 33158**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMIREZ PATINO, ANGEL MARIA  
STREET ADDRESS 7730 CAMINO REAL F-114  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D  
NAME RAMIREZ PATINO, INES CATALINA  
STREET ADDRESS 7730 CAMINO REAL F-114  
CITY-ST-ZIP MIAMI, FL 33143

TITLE D  
NAME PATINO POSSE, MERCEDES  
STREET ADDRESS 7730 CAMINO REAL F-114  
CITY-ST-ZIP MIAMI, FL 33143

TITLE V  
NAME FRAGA, CLAUDIA  
STREET ADDRESS 13700 SW 73 AVE.  
CITY-ST-ZIP MIAMI, FL 33158

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000184841  
01/20/05-80046-010 158.75

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 13<sup>th</sup> 2005*

Daytime Phone #

*Anaela Maria Ramirez*