

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90146 046 \*\*\*150.00



**DOCUMENT # P01000080612**

1. Entity Name

LUMEN COMMERCIAL GROUP, INC.

Principal Place of Business

C/O DIEGO L. RESTREPO  
 547 MAJORCA AVE.  
 CORAL GABLES FL 33134

Mailing Address

C/O A. FLAHERTY  
 8015 NW 29TH STREET.  
 MIAMI FL 33122



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1130052

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

RESTREPO, DIEGO L  
 547 MAJORCA AVE.  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
 NAME GONZALEZ, LUIS M  
 STREET ADDRESS 547 MAJORCA AVE.  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME CARDONA, ANA B  
 STREET ADDRESS 547 MAJORCA AVE.  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME GAVIRIA, ANDRES  
 STREET ADDRESS 547 MAJORCA AVE.  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME FLAHERTY, ASTRID  
 STREET ADDRESS 8015 NW 29TH ST.  
 CITY-ST-ZIP MIAMI FL 33122

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME FERNANDO COBO  
 STREET ADDRESS 8015 N.W. 29TH STREET  
 CITY-ST-ZIP MIAMI FL 33122

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Detrid Flaherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1/05 (305) 471-0301*

Date

Daytime Phone #