

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080612

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: LUMEN COMMERCIAL GROUP, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O ASTRID FLAHERTY  
8015 N.W. 29 ST  
MIAMI, FL 33122

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-1130052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ASTRID, FLAHERTY  
8015 N.W. 29 ST  
MIAMI, FL 33122      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: ASTRID FLAHERTY

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GONZALEZ, LUIS M  
Address: 547 MAJORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: CARDONA, ANA B  
Address: 547 MAJORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: COBO, FERNANDO  
Address: 8015 NW 29TH STREET  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: FLAHERTY, ASTRID  
Address: 8015 NW 29TH ST.  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GONZALEZ, LUIS M  
Address: 8015 N.W. 29 ST  
City-St-Zip: MIAMI, FL 33122

Title: S (X) Change ( ) Addition  
Name: CARDONA, ANA B  
Address: 8015 N.W. 29 ST  
City-St-Zip: MIAMI, FL 33122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ASTRID FLAHERTY

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date