

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90128 017 ***150.00

DOCUMENT # P01000098587

1. Entity Name
LUENZO INTERNATIONAL, CORPORATION



Principal Place of Business
1855 NW 20 STREET
MIAMI, FL 33142

Mailing Address
2027 NW 22 COURT
MIAMI, FL 33142



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1145966

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUENZO, JEREMIAS
1850 SW 16 TERRACE
MIAMI, FL 33145

**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, 2004 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	LUENZO, JEREMISS D
STREET ADDRESS	2027 NW 22 COURT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	V
NAME	LUENZO, ALFREDO H
STREET ADDRESS	2027 NW 22 COURT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T
NAME	FUMAGALLI, MARGARITA R
STREET ADDRESS	2027 NW 22 COURT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	LUENZO, JEREMISS D
STREET ADDRESS	2027 NW 22 COURT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/04 786-7679351

Date

Daytime Phone #