

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90819 037 ***150.00

80102479

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200006935			
1. Entity Name HYPOLUXO INC.			
Principal Place of Business 780 VALENCIA DR BOCA RATON, FL 33432		Mailing Address 780 VALENCIA DR BOCA RATON, FL 33432	
2. Principal Place of Business 1510 Hypaluxe Road		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Lantana, FL		City & State	
Zip 33462		Country USA	
4. FEI Number 80-0033163		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLALIAN, MELKI 780 VALENCIA DR BOCA RATON, FL 33432		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>NOTE: Registered Agent signature mandatory when addressing.</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD Dellalian, Melki - S. 780 Valencia Drive Boca Raton, FL 33432			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplied in support of it 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 recipient of the services to be rendered 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 to this statement, with all other like empowered.			
SIGNATURE: 		Date: 4/25/03 561687-1870	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

Melki Dellalian

CHECKBOX (10/02)