
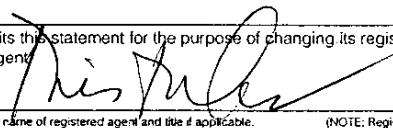
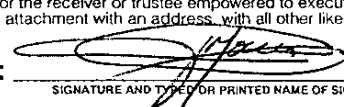


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90017 008 ***150.00

DOCUMENT # P02000020526 1. Entity Name LULITOM, INC.			
Principal Place of Business 150 SE 2 AVE. STE 1200 MIAMI, FL 33131		Mailing Address 150 SE 2 AVE. STE 1200 MIAMI, FL 33131	
2. Principal Place of Business 1001 BRICKELL BAY DR.		3. Mailing Address 1001 BRICKELL BAY DR	
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2 AVE. STE 1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE, STE 1400 City MIAMI FL Zip Code 33131	
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 1-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PSTD MOSNER, LEON FERNANDO <input type="checkbox"/> Delete 150 SE 2 AVE. STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOSNER, LEON FERNANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1010 Brickell Bay Dr. Ste 1400 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSNER, ADOLFO B <input type="checkbox"/> Delete 150 SE 2 AVE. STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSNER, ADOLFO B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr. Ste 1400 Miami, FL 33131
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date 2-4-06 Daytime Phone # 786 282 7419	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40016393



01242006 Chg-P CR2E034 (11/05)

4. FEI Number
30-0054279

Applied For
Not Applicable

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