2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000055356

Entity Name: LUMER CORPORATION

Current Principal Place of Business:

C/O GUSTAVO LUMER
16900 NORTH BAY ROAD SUITE 1111
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

C/O GUSTAVO LUMER
16300 NE 19TH AVENUE SUITE A
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

C/O GUSTAVO LUMER
16900 NORTH BAY ROAD SUITE 1111
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

C/O GUSTAVO LUMER
16300 NE 19TH AVENUE SUITE A
NORTH MIAMI BEACH, FL 33162

FEI Number: 68-0506194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUMER, GUSTAVO A
C/O GUSTAVO LUMER
16900 NORTH BAY ROAD SUITE 1111
SUNNY ISLES BEACH, FL 33160

Name and Address of New Registered Agent:

LUMER, GUSTAVO A
C/O GUSTAVO LUMER
16950 NORTH BAY ROAD SUITE 1904
SUNNY ISLES BEACH, FL 33160

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: GUSTAVO ADRIAN LUMER 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: LUMER, JUDITH C
Address: 16900 NORTH BAY ROAD SUITE 1111
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DVT ( ) Delete
Name: LUMER, GUSTAVO A
Address: 16900 NORTH BAY ROAD SUITE 1111
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: LUMER, JUDITH C
Address: 16300 NE 19TH AVENUE, SUITE A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DVT (X) Change ( ) Addition
Name: LUMER, GUSTAVO A
Address: 16300 NE 19TH AVENUE, SUITE A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVO ADRIAN LUMER DVT 04/27/2004
Electronic Signature of Signing Officer or Director Date