2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068013

2105 LAVERS CIRCLE # 102

DELRAY BCH, FL 33444

Address: City-St-Zip:

Entity Name: LUIS GOTLIBAS, INC.

FILED Apr 20, 2006 Secretary of State

y		71210/10, 1110.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
900 E GREENSWARD #G-111 DELRAY BCH, FL 33445				5101 FOXPOINTE CR DELRAY BCH, FL 33445			
Current Mailing Address:			New Maili	New Mailing Address:			
1400 E OAKLAND PARK BLVD. 203				23123 STATE RD 7 236			
FT. LAUDERDALE, FL 33334				BOCA RATON, FL 33428			
FEI Number:	: 98-0377557	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	l Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1400 E OA 203	, CORADO M KLAND PARI ERDALE, FL (K BLVD.	23123 STA 236	PERALTA, CORADO MARCOS 23123 STATE RD 7 236 BOCA RATON, FL 33428 US			
	named entity of Florida.	submits this statement for the p	ourpose of changing	its registered o	office or registered agent, o	or both,	
SIGNATU	RE: PERALT	A CONRADO M		04/20/2006			
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GOTLIBAS, LÌ	CIRCLE # 102	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	SANSOGNI, Ĥ	CIRCLE # 102	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name:	SECR (STERENCHUS) Delete S, CLARA B	Title: Name:	() Change ()Addition		

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.

Address:

City-St-Zip:

SIGNATURE: GOTLIBAS LUIS A P 04/20/2006