

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90218 025 ***150.00

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1. Entity Name
LUSOL CORPORATION



Principal Place of Business
**888 BRICKELL AVE
5TH FLOOR
MIAMI, FL 33131**

Mailing Address
**C/O LUIS M. ARTIME P.A.
888 BRICKELL AVE, 5TH FLOOR
MIAMI, FL 33131**

94070000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0630035

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ARTIME, LUIS M P.A.
888 BRICKELL AVENUE
5TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
PEDRO P. SAEZ
Street Address (P.O. Box Number is Not Acceptable)
888 BRICKELL AVE.
5TH FLOOR
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

Signature, typed or printed name of registered agent and title if applicable.

PEDRO P. SAEZ

04/27/04

(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 PD ☐ Delete
NAME HEREDIA, RAMON
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE ST ☐ Delete
NAME DE HEREDIA, SUSANA G
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON HEREDIA

04/27/04

(305) 358-0028

Date

Daytime Phone #