


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90001 022 \*\*\*150.00

<b>DOCUMENT # P03000004456</b>					
<b>1. Entity Name</b> CORLUI SERVICES, CORP.					
<b>Principal Place of Business</b> 13850 SW 38 TERRACE MIAMI, FL 33175			<b>Mailing Address</b> 13850 SW 38 TERRACE MIAMI, FL 33175		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		05132004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 41-2075015				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> GONZALEZ, LARAZA 13850 SW 38 TERRACE MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b>		
Name			LAZARA GONZALEZ		
Street Address (P.O. Box Number is Not Acceptable)			13850 SW 38 Terr		
City			Miami		FL
State			Zip Code		33175
<b>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.</b>					
SIGNATURE <i>Lazara Gonzalez</i> Lazara Gonzalez				DATE 5/20/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LARAZA 13850 SW 38 TERRACE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez, Lazara 13850 SW 38 Terr Miami FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LORETO, RICARDO 13850 SW 38 TERRACE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARDENAS, COROMOTO 13850 SW 38 TERRACE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <i>Coromoto Cardenas</i>			Director		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Coromoto Cardenas		
Date			5/20/04		
Daytime Phone #			786-357-2897		