

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000068749**

1. Entity Name  
**LUNA ROSSA, INC.**



Principal Place of Business  
**10801 CORKSCREW RD STE 313  
ESTERO, FL 33928**

Mailing Address  
**10801 CORKSCREW RD STE 313  
ESTERO, FL 33928**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1673409**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COSTELLO, TRUMAN J  
12670 N BRITTANY BLVD STE 101  
FT MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **COPPOLA, LUIGIA**  
STREET ADDRESS **4 COACH HOUSE DR**  
CITY-ST-ZIP **OWINGS MILLS, MD 21117**

TITLE **V**  
NAME **SCOTTO, MARIO**  
STREET ADDRESS **9242 SMITH AVE**  
CITY-ST-ZIP **BALTIMORE, MD 21234**

TITLE **V**  
NAME **DI SANTOLO, NICOLA S**  
STREET ADDRESS **302 TENBY CHASE DR**  
CITY-ST-ZIP **DELRAN, NJ 08075**

TITLE **ST**  
NAME **DI PERTA, ANTONIO S**  
STREET ADDRESS **322637 ISLAND LAKES DR**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **D**  
NAME **LAMBERT, BIAGIO**  
STREET ADDRESS **9 STEFANY COURT**  
CITY-ST-ZIP **BERLIN, NJ 08009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000313772  
04/18/05-80140-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Antonio Di Perta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-15-05*  
Date

Daytime Phone #