

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 001 ***150.00

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**

400000000



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1673409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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, LUIGI A
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Scotti Di Perta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06
Date

Daytime Phone #