

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2007 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**



04172007 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPPOLA, LUIGI A 4 COACH HOUSE DR OWINGS MILLS, MD 21117
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTTO, MARIO 9242 SMITH AVE BALTIMORE, MD 21234
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI SANTOLO, NICOLA S 302 TENBY CHASE DR DELRAN, NJ 08075
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DI PERTA, ANTONIO S 322637 ISLAND LAKES DR ESTERO, FL 33928
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, BIAGIO 9 STEFANY COURT BERLIN, NJ 08009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/07-80015-008 150.00

**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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-07.

Date

Daytime Phone #