

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 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



04152008

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 ☐

\$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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000816945
05/13/08-80021-015 150.00

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-16-08