2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019730

Entity Name: G-LUX ENTERPRISES, INC.

FILED Jul 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4852 N STATE RD 7 SUITE 105 16020 ARBOR VIEW BLVD. COCONUT CREEK, FL 33073

APT. 136 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

4852 N STATE RD 7 SUITE 105 16020 ARBOR VIEW BLVD.

COCONUT CREEK, FL 33073 APT.136

NAPLES, FL 34110

FEI Number: 20-0701381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUXARDO, GIAN PD LUXARDO, GIAN PD 4852 N STATE ROAD 7 16020 ARBOR VIEW BLVD. SUITE 105 APT. 136 COCONUT CREEK, FL 33073 US NAPLES, FL 34110 US

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.

SIGNATURE: GIANLUXARDO 07/12/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

LUXARDO, GIAN LUXARDO, GIAN Name: Name:

4852 N STATE RD 7 SUITE 105 16020 ARBOR VIEW BLVD., APT. 136 Address: Address:

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: NAPLES, FL 34110

() Delete Title: Title: (X) Change () Addition

LUXARDO, ERICA Name: Name: LUXARDO, ERICA 4852 N STATE RD 7 SUITE 105 Address: 16020 ARBOR VIEW BLVD. Address: NAPLES, FL 34110 COCONUT CREEK, FL 33073 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIAN LUXARDO PD 07/12/2006