2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P04000026813 MIGUEL LUNA, PA CORPORATION Mailing Address

FILED Mar 07, 2006 8:00 am Secretary of State

03-07-2006 90003 027 ***150.00



| Principal | Place of | Business |
|-----------|----------|----------|
|-----------|----------|----------|

2570 SW 189TH AVENUE MIRAMAR, FL 33029

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01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2434226

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNA, MIGUEL

| 2570 SW 189TH AVENUE MIRAMAR, FL 33029 | | IN THIS SPACE | | | | |
|---|--|---|--------------------------------|---|--|---|
| | named entity submits this statement for the plions of registered agent. | urpose of changing its register | ed office or re | egistered agent, or bo | oth, in the State of Florida. I am fami | liar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title in | t applicable. (NOTE: Registere | ed Agent signature | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS . | T | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUNA, MIGUEL 2570 SW 189TH AVENUE MIRAMAR, FL 33029 | | | | NOT WRITE THIS SPACE | - |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | | |
| 12. I hereby of indicated | certify that the information supplied with this fill on this report or supplemental report is true a | ing does not qualify for the extend accurate and that my signal | emptions cor ture shall hav | ntained in Chapter 11 re the same legal effe | 9, Florida Statutes. I further certify that as if made under oath; that I am a | nat the information in 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Daytime Phone #