2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000030414

1. Entity Name
LUINA COLLADO CORPORATION

FILED
Apr 26, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4205 W.16 AVENUE HIALEAH, FL 33012	4205 W.16 AVENUE HIALEAH, FL 33012

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2371236

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

COLLADO, LESTER
4205 W.16 AVENUE
HIALEAH, FL 33012

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating]

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 Fee

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	COLLADO, LESTER
STREET ADDRESS	4205 W.16 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VSD
NAME	COLLADO, MARIA
STREET ADDRESS	4205 W.16 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80111-009 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER COLLADO 4-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

Daytime Phone #