

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90360 038 ***150.00

DOCUMENT # P04000051864

1. Entity Name
LUTWIN, INC.



Principal Place of Business
**683 CORONA WAY
DEERFIELD BEACH, FL 33442**

Mailing Address
**683 CORONA WAY
DEERFIELD BEACH, FL 33442**

50041205

2. Principal Place of Business
5078 NAUTICA LAKE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
5078 NAUTICA LAKE CIRCLE
Suite, Apt. #, etc.



04102005 Chg-P CR2E034 (10/03)

City & State
GREENACRES FL
Zip
33463
Country
USA

City & State
GREENACRES FL
Zip
33463
Country
USA

4. FEI Number
20-0905851
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
Sean a. Lutwin

Street Address (P.O. Box Number is Not Acceptable)

683 Corona Way

City
Deerfield Bch FL Zip Code
33442

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]

SEAN LUTWIN

4-18-05

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, 2005 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
**PSTD
LUTWIN, SEAN A
683 CORONA WAY
DEERFIELD BEACH, FL 33442** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5078 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

[Signature]

SEAN LUTWIN

4-18-05

561-805-4653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #