

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90976 044 ***150.00

DOCUMENT # P04000070332

1. Entity Name
NEULUX DISTRIBUTION, INC.



Principal Place of Business
2600 Douglas Road
Suite 408
Coral Gables, FL 33134

Mailing Address
2600 Douglas Road
Suite 408
Coral Gables, FL 33134

40076507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1216375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 SOUTH BISCAYNE BOULEVARD
17TH FLOOR, MIAMI CENTER
MIAMI, FL 33131

Name
John H. Patterson, Jr.
Street Address (P.O. Box Number is Not Acceptable)
Courthouse Tower, Suite 2000
44 West Flagler Street
City
Miami FL Zip Code
33130

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

04/27/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Daniel Minkowitz
2600 Douglas Road, Ste. 408
Coral Gables, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Pierc "Rick" DelaCroix
2600 Douglas Road, Ste 408
Coral Gables, Fl. 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005

Date

(305) 461-1947

Daytime Phone #

Pierc "Rick" DelaCroix Vice President