

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90285 017 ***150.00

DOCUMENT # P04000095527	
1. Entity Name LUZ ALTERATIONS, INC.	

Principal Place of Business 2745 W. HILLSBORO BOULEVARD SUITE 1 DEERFIELD BEACH, FL 33442 US	Mailing Address 2745 W. HILLSBORO BOULEVARD SUITE 1 DEERFIELD BEACH, FL 33442 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

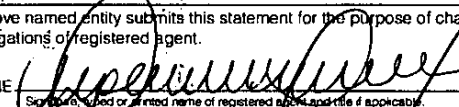


04212005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1382796	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBOSA, MARTA 2745 W. HILLSBORO BOULEVARD SUITE 1 DEERFIELD BEACH, FL 33442	7. Name and Address of New Registered Agent Name ELD ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 1900 W. COMMERCIAL BLVD. #139 City FORT LAUDERDALE FL Zip Code 33309
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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 **04/22/05**

(NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME BARBOSA, MARTA		NAME	
STREET ADDRESS 2745 W. HILLSBORO BOULEVARD, SUITE 1		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	
TITLE VP	☒ Delete	TITLE ☐ Change ☐ Addition	
NAME HERNANDEZ, ROBERT		NAME	
STREET ADDRESS 5025 WILES ROAD, APT 103		STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK, FL 33073		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **04-25-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR