2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Sep 12, 2005 8:00 am Secretary of State **DOCUMENT # P04000107343** 08-30-2005 90029 007 \*\*\*150.00 1. Entity Name 08-19-2005 90008 030 \*\*\*150.00 LUNARED GROUP INC. Mailing Address Principal Place of Business 66027239 963 SW 119 CT 963 SW 119 CT MIAMI, FL 33184 MIAMI, FL 33184 3. Mailing Address 2. Principal Place of Business Sulta, Apt. #. etc. Suite, Apt. #, etc. 08212005 Chg-P CR2E034 (10/03) 4. FEI Nugrito Applied For City & State City & State Not Applicable Country Zin Country Zip \$8.75 Additional 6. Certificate of Status Desired Fee Reduited 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAGUNA, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 963 SW 119 CT MIAMI, FL 33184 Zip Code City 6. 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\_ (NOTE: Registered Agent signature required when reinstating) \$5.00 May Bo FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Added to Fees Trust Fund Contribution. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Octor IIILE LAGUNA, CARLOS J KAME MARE 963 SW 119 CT STREET MODRESS STREET ADDRESS CTY-57-70 MIAMI, FL 33184 CITY- 51-22P MLE ☐ Delete TILE ☐ Change ☐ Addition MALME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-ZP TER F TITI F Deteta ☐ Chance Addition MAME MAE STREET ADDRESS STREET ADDRESS CITY-ST- ZP DITY-ST-78P TITLE ☐ Delete MLE ☐ Addition NAME NAME STREET ADDRESS STREET AMORE CITY-57-ZIP CITY-SI-ZIP Delete TITLE TITLE Change Addition MARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete IIILE ☐ Change ☐ Addition MANE STREET ADDRESS STREET ADDRESS CITY-51-20 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 ceth; 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.

ITED MANE OF SIGNING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 1, 2005

LUNARED GROUP INC. 963 SW 119 CT MIAMI, FL 33184

Subject: LUNARED GROUP INC.

Reference Number:

P04000107343

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$300.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD ANNUAL REPORTS SECTION