2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000110934 1. Entity Name LUZ GUIN CORPORATION						05-04-2005 9	0 00125 036 ***150	0.00
Principal Place of Business Mailing Address								
191 NW 50 ST 191 NW 50 ST								
MIAMI, FL 33127 MIAMI, FL 33127								
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Principal Place of Business				∤				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005	Chg-P	CR2E034 (10/03)	
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City & State		City & State		4. FEI Number	29470) + ·	oplied For ot Applicable	
Zip Country		Zip Cou		ıtry	1		\$9.75	
·					5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New R	egistered Agent	
GUILLEN, CARLOS A			Name					
191 NW 50 ST			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33127								
				City		• • •	FL Zip Cod	е
8. The above	named entity submits this statement	for the purpose of changing it	s register	L ed office or regist	tered agent, or bo	th, in the State of Flo		and accept
the obligat	tions of registered agent.	***	-	Ü	•	,		•
SIGNATURE:	L ZZUMANIA	~					1 / 2/0:	5
0.0	Signature, wheel or printed name of the eded ede	ent and title if applicable. (NO	TE: Registere	d Agent signature requi	red when reinstating)		DATY.	
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp. Trust Fund Cor			5.00 May Be dded to Fees		, ,	
10.	7	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
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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 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE

NID HAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 786-337-2541