

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000163633

1. Entity Name
LUROSA CORPORATION



Principal Place of Business
2705 ARBORWOOD RD
DAVIE, FL 33328

Mailing Address
2705 ARBORWOOD RD
DAVIE, FL 33328



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3802823

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEVESA, MIRIAM
13339 SW 28TH ST.
MIRAMAR, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000868642
04/09/08-80016-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | PD |
| NAME | MARTINEZ, LUIS R |
| STREET ADDRESS | 2705 ARBORWOOD RD. |
| CITY-ST-ZIP | DAVIE, FL 33128 |
| TITLE | TD |
| NAME | MARTINEZ, MARLENE |
| STREET ADDRESS | 2705 ARBORWOOD RD. |
| CITY-ST-ZIP | DAVIE, FL 33128 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/20/08

Date

954-452-4431

Daytime Phone #