

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164494

Entity Name: LUNNA CORPORATION

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

2025 NE 164TH STREET
918
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

2025 NE 164TH STREET
918
MIAMI, FL 33162

New Mailing Address:

FEI Number: 20-1984623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, CAROLINA
2025 NE 164TH ST
918
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, CAROLINA
Address: 2025 NE 164TH STREET 918
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: MONTES, CESAR
Address: 2025 NE 164TH STREET #918
City-St-Zip: MIAMI, FL 33162

Title: V (X) Delete
Name: MONTES, LUIS
Address: 2025 NE 164TH STREET
City-St-Zip: MIAMI, FL 33162

Title: V (X) Delete
Name: ESPINOSA, CAMILO
Address: 2025 NE 164TH STREET
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MONTES, CESAR
Address: 2025 NE 164TH STREET #918
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA SANCHEZ

P

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date