


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000006371
1. Entity Name
LUPITAS EAST COAST, INC.



Principal Place of Business Mailing Address
2118 OKEECHOBEE BLVD 2118 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-2147520 Not Applicable

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

6. Name and Address of Current Registered Agent

AGUILAR, JOSE PRES
2118 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

U00000940080
05/28/08-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGUILAR, JOSE PRES
STREET ADDRESS	2118 OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04-14-08 Date Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR