


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 007 ***158.75

DOCUMENT # P05000006653	
1. Entity Name LUNATICA INVESTMENT CORP.	

Principal Place of Business 3621 COLLINS AVE. APT. #412 MIAMI BEACH, FL 33140	Mailing Address PO BOX 402021 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 530 NW 129th Street	3. Mailing Address P.O. Box 402021
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Miami, FL	City & State Miami Beach, FL
Zip 33168	Zip 33140
Country Dade	Country Dade

6. Name and Address of Current Registered Agent LUNA, MARISOL 420 NW 46 STREET MIAMI, FL 33127	
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04242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2190271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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]* **President** DATE 04/23/07
Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNA, MARISOL 15740 NE 14 CT MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *[Signature]* **04/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #