

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90356 016 \*\*\*150.00

**DOCUMENT # P05000011700**

1. Entity Name  
**LUNAZUL CARDS & GIFTS CORP**



Principal Place of Business  
**9706 SW 161 AVENUE  
MIAMI, FL 33196**

Mailing Address  
**9706 SW 161 AVENUE  
MIAMI, FL 33196**

00011700



2. Principal Place of Business  
**12308 SW 127 Av**

3. Mailing Address  
**12308 SW 127 Av**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006

Chg-P

CR2E034 (11/05)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**73-1726117**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORO, PAULA  
9706 SW 161 AVENUE  
MIAMI, FL 33196**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
TORO, PAULA  
9706 SW 161 AVENUE  
MIAMI, FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
SUAREZ, MARTA  
9706 SW 161 AVENUE  
MIAMI, FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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 807, 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:

*PAULA TORO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/17/06 3053780783**