


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 035 ***158.75

DOCUMENT # P05000060440	
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1. Entity Name
FLORIDA LUXURY INC.

Principal Place of Business 2501 E. COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33308	Mailing Address 2501 E. COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # <i>2734 E. Oakland PK Blvd.</i>	3. Mailing Address <i>2734 E. Oakland PK Blvd.</i>
Suite, Apt. #, etc. <i>Ste 106</i>	Suite, Apt. #, etc. <i>Ste 106</i>
City & State <i>Ft Lauderdale FL</i>	City & State <i>Ft Lauderdale FL</i>
Zip <i>33306</i>	Zip <i>33306</i>
Country <i>USA</i>	Country <i>USA</i>

02202008 Chg-P CR2E034 (12/06)

4. FEI Number <i>51-0546583</i> ✓	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

TSAKANIKAS, GEORGE
2501 E. COMMERCIAL BLVD., SUITE 101
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name <i>Tsakanikas George K.</i>
Street Address (P.O. Box Number is Not Acceptable) <i>2734 E. Oakland PK Blvd.</i>
<i>Ste 106</i>
City <i>Ft. Lauderdale</i>
State <i>FL</i>
Zip Code <i>33306</i>

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]* 02/22/08
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAKANIKAS, GEORGE 2501 E. COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAKANIKAS, ANDREA 2501 E. COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tsakanikas, George K. 2734 E. Oakland PK Blvd., Ste 106 Ft. Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tsakanikas, Andrea 2734 E. Oakland PK Blvd., Ste 106 Ft. Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Andrea Tsakanikas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/08
Date

954-630-1300
Daytime Phone #