2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062838

Entity Name: LUMAX PROPERTIES, INC.

PIERRE, JACQUELIN

5762 OKEECHOBEE BLVD., STE. 100

WEST PALM BEACH, FL 33417

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5762 OKEECHOBEE BLVD. STE. 100 WEST PALM BEACH, FL 33417 **New Mailing Address: Current Mailing Address:** 5762 OKEECHOBEE BLVD. STE. 100 WEST PALM BEACH, FL 33417 FEI Number: 20-2789567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVASSEUR, MARC 771 E. MELRÓSE CIRCLE FORT LAUDERDALE, FL 33312 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEVASSEUR, MARC Name: Name: 771 E. MELROSE CIRCLE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: VD Title: () Delete () Change () Addition SALOMON, FRITZ Name: Name: 5762 OKEECHOBEE BLVD., STE. 100 Address: Address: WEST PALM BEACH, FL 33417 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition CHERISOL, BERNARD Name: Name: 665 SW 27TH AVENUE, SUITE # 10 Address: Address: FORT LAUDERDALE, FL 33312 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHERISOL BERNARD VP 04/30/2009