

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068520

Entity Name: LUC & MARC AWNINGS, INC.

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

6814 NW GARBETT STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

13992 SW 139 CT
MIAMI, FL 33186

Current Mailing Address:

6814 NW GARBETT STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

13992 SW 139 CT
MIAMI, FL 33186

FEI Number: 20-2783894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDOZA, MANUEL A
6814 NW GARBETT STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

MENDOZA, MANUEL A
15300 SW 134 PL
211
MIAMI, FL 33177 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: _____

05/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MENDOZA, MANUEL A
Address: 6814 NW GARBETT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VSD () Delete
Name: MATOS, IRMA L
Address: 6814 NW GARBETT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MENDOZA, MANUEL A
Address: 15300 SW 134 PL APT 211
City-St-Zip: MIAMI, FL 33177

Title: VD (X) Change () Addition
Name: MATOS, IRMA L
Address: 15300 SW 134 PL APT 211
City-St-Zip: MIAMI, FL 33177

Title: SD () Change (X) Addition
Name: DELGADO, GUSTAVO
Address: 13871 SW 72 TERR
City-St-Zip: MIAMI, FL 33183

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

SIGNATURE: MANUEL MENDOZA

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05/11/2006

Electronic Signature of Signing Officer or Director

Date