## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000073107

Name:

Address:

City-St-Zip:

City-St-Zip:

1523 PALERMO

CORAL GABLES, FL 33134

BRANDON, FL 33155

**FILED** Apr 19, 2009 Secretary of State

Entity Name: LUZEN PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1923 SW 8 STREET MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 2211 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 FEI Number: 20-2866808 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: FONSECA, LUIS JR 5740 SW 47 STREET MIAMI, FL 33155 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: (X) Change ( ) Addition FONSECA, LUIS JR FONSECA, LUIS JR Name: Name: 5740 SW 47 STREET 5740 SW 47 STREET Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: VPD Title: () Delete (X) Change ( ) Addition FONSECA, ZENAIDA Name: Name: FONSECA, ZENAIDA 2211 COUNTRY CLUB PRADO 2211 COUNTRY CLUB PRADO Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 ( ) Delete Title: Title: () Change () Addition GREGOIRE, CINTHIA

Title: () Delete Title: () Change () Addition FERNANDEZ, BELKIS Name: Name: Address: 1626 HULETT DR Address:

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:

City-St-Zip:

Ρ SIGNATURE: ZENAIDA FONSECA 04/19/2009