2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State

ANNUAL REPORT				Mar 17, 2008 08:0			
DOCUMENT # P05000144459 1. Entity Name SANTORO-LUX INC.		9			\$	Secreta	ry of St
Principal Plac 2606 SW 38 CAPE CORAL	TH TERRACE 2	lailing Address 2606 SW 38TH TERRACE CAPE CORAL, FL 33914		+ (00	. ERIAT BIIM ABIM ABIM BBI	F 17211 G/211 21001 11001	ANNA MANARA NA MARI
DO NOT WRITE IN THIS SPACE			CE	01142008 4. FEI Numbe 20-369		CR2E034 (11	
SANTORO LUX, JOANN 2606 SW 38TH TERRACE CAPE CORAL, FL 33914			,	•	NOT W		
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 famillar 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 reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees	<u> </u>)860813 -2003	2 155 00
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE PD SANTORO LUX, JOANN 2606 SW 38TH TERRACE CAPE CORAL, FL 33914	CTORS			o ir oer co	SOUIT OR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T ADDRESS		DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP			. ,	,			

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 aggress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/13/08

Daytime Phone #