

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 050 ***150.00

DOCUMENT # P05000150188

1. Entity Name

VLUMINOSO SERVICES, INC.



Principal Place of Business

**1409 WEST WICKHAM CIRCLE
DELRAY BEACH FL 33445**

Mailing Address

**1409 WEST WICKHAM CIRCLE
DELRAY BEACH FL 33445**



2. Principal Place of Business - No P.O. Box #

632 Hummingbird LANE

3. Mailing Address

632 Hummingbird LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

01-0849611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUMINOSO, VINCENT J
1409 WEST WICKHAM CIRCLE
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name **VINCENT J. LUMINOSO**

Street Address (P.O. Box Number is Not Acceptable)
632 HUMMINGBIRD LANE

City **DELRAY BEACH**

FL

Zip Code **33445**

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

Vincent J. Luminoso PS

VINCENT J. LUMINOSO

3/31/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **LUMINOSO, VINCENT J**
STREET ADDRESS **1409 WEST WICKHAM CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** ☐ Delete
NAME **LUMINOSO, MARIA**
STREET ADDRESS **1409 WEST WICKHAM CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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:

Vincent J. Luminoso

VINCENT J. LUMINOSO

Date

3/31/08

561-495-5447

954-778-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR