

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016147

Entity Name: LUTINA ENTERPRISES, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

4880 N KING'S HWY  
FORT PIERCE, FL 34951

## New Principal Place of Business:

## Current Mailing Address:

4880 N KING'S HWY  
FORT PIERCE, FL 34951

## New Mailing Address:

8243 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

FEI Number: 20-4246653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SILVA, ALBERT P  
112 EDMONTON LANE  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: SILVA, CHRISTINA  
Address: 4880 N KING'S HWY  
City-St-Zip: FORT PIERCE, FL 34951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SILVA, CHRISTINA  
Address: 8243 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

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.

SIGNATURE: CHRISTINA SILVA

DP

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date