

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90054 009 \*\*\*150.00

DOCUMENT # P06000067713

1. Entity Name

LUFACE EXPORT CORP.



Principal Place of Business

10975 N.W. 29TH ST.  
MIAMI FL 33172  
US

Mailing Address

10975 N.W. 29TH ST.  
MIAMI FL 33172  
US



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

6733 N.W. 109TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

6733 N.W. 109TH AVE.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DORAL, FL.

City & State

DORAL, FL.

4. FEI Number

11-3779584

Applied For

Not Applicable

Zip

33178-3731

Country

U.S.A.

Zip

33178-3731

Country

U.S.A.

5. Certificate of Status Desired, ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACEBAL, LUIS F JR  
11460 S.W. 3RD. ST.,  
SWEETWATER, FLORIDA FL 33174- US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	ACEBAL, LUIS F JR	
STREET ADDRESS	11460 S.W. 3RD ST.,	
CITY - ST - ZIP	SWEETWATER, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

LUIS F. ACEBAL JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-07

Date

(305)299-8746

Daytime Phone #