

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039788

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ORCHIDS BY LUPE CORP.

**Current Principal Place of Business:**

8509 SW 214 WAY  
MIAMI, FL 33189

**New Principal Place of Business:**

22866 SW 89 PL  
MIAMI, FL 33190

**Current Mailing Address:**

8509 SW 214 WAY  
MIAMI, FL 33189

**New Mailing Address:**

22866 SW 89 PL  
MIAMI, FL 33190

**FEI Number:** 20-8774886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORES, ADELAIDA  
8509 SW 214 WAY  
MIAMI, FL 33189 US

**Name and Address of New Registered Agent:**

FLORES, ADELAIDA  
22866 SW 89 PL  
MIAMI, FL 33190 US

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:**

04/28/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVPD  
**Name:** FLORES, ADELAIDA  
**Address:** 22866 SW 89 PL  
**City-St-Zip:** MIAMI, FL 33190

I hereby 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 all other like empowered.

**SIGNATURE:** ADELAIDA FLORES

PVPD

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date