## P07000043013

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: LUNA EXPRES  OCCUMENT NUMBER: PO70	SS CORP. me of Corporation) 00043013	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ARMANDO LUNA (Name of Contact Person)		
LUNA EXPRESS (Firm/Company)		
5580 19TH COURT	5.W. #B	
NAPLES, FL. 34116 (City/State and Zip Code)		
For further information concerning this matter, please call:		
ARMANDO LUNA (Name of Contact Person)	at ( 754 ) 244-9032 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

FILED

## ARTICLES OF CORRECTION

1. Sugar

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for

TALLAHASSEE, FLORIDA LUNA EXPLESS COLP.

Name of Corporation as currently filed with the Florida Dept. of State

P070000 43013

Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124. Florida Statutes, this corporation files
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct P07000043013 (Document Type Being Corrected)
filed with the Department of State on April 06, 2007.  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
INFORMATION OF PRESIDENT WAS INCORDECTLY
TYPED. PLEASE DELETE DORA D. ORMS
Correct the inaccuracy, incorrect statement, or defect:
CORRECT INFORMATION OF PRESIDENT IS &
GRACIELA CRUZ (PLEASE Add her as President).
- Our
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or
other court appointed fiduciary, by that fiduciary.)
DORAD. OFMS ResideNT
(Typed or printed name of person signing) (Title of person signing)

**Filing Fee: \$35.00**