

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 20, 2008 8:00 am
Secretary of State**

06-20-2008 90001 026 ***150.00

DOCUMENT # P07000127551

1. Entity Name
LULOR, INC.



Principal Place of Business
9519 SW 154TH PLACE
MIAMI, FL 33196

Mailing Address
9519 SW 154TH PLACE
MIAMI, FL 33196

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

3. Mailing Address
P.O. Box 527443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Zip
33152

Country
USA

40108720



01142008 Chg-P CR2E034 (12/06)

4. FEI Number
74-3243817

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
FLORIDA CORPORATE REGISTERED AGENTS, LLC.
Street Address (P.O. Box Number is Not Acceptable)
7200 NW 19 ST.
SUITE 301
City
Miami Zip Code
FL 33126

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

Ed Gonzalez, MEMBER-MANAGER

5-9-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORIS, TONI <i>TONI, LORIS</i> VIA RINALDI 1/A RIMINI, ITALY, . 47900	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORIS, TONI <i>TONI, LORIS</i> VIA RINALDI 1/A RIMINI, ITALY, . 47900	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORIS, TONI <i>TONI, LORIS</i> VIA RINALDI 1/A RIMINI, ITALY, . 47900	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARINO, ARRIGONI VIA FATTIBONI 15 CESENO, ITALY, .	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-08 (305)477-7447

Date

Daytime Phone #

ATTACHMENT
40108725
LULOR, INC.
P.O. BOX 527443
MIAMI, FL 33152

May 9, 2008

Florida Department of State
Division Of corporations
P. O. Box 6327
Tallahassee, FL 32314

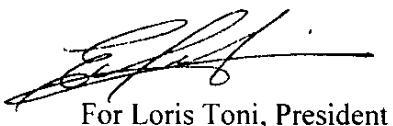
Re Lulor, Inc.
Document No. P07000127551
Annual Report
Year: 2008

Ladies and Gentlemen,

The corporation kindly requests the waiver of the \$ 400 late fee because the annual report notice was not received.

Thanking you in advance for your kind assistance I remain.

Sincerely,



For Loris Toni, President