

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127551

Entity Name: LULOR, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

9519 SW 154TH PLACE
MIAMI, FL 33196

New Principal Place of Business:

888 BISCAYNE BLVD UNIT 4011
MIAMI, FL 33132

Current Mailing Address:

PO BOX 527443
MIAMI, FL 33152

New Mailing Address:

9553 HARDING AVE
STE 309
MIAMI, FL 33154

FEI Number: 74-3243817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA CORP REGISTERED AGENTS LLC
7200 NW 19 ST
STE 301
MIAMI, FL 33126 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: P () Delete
Name: TONI, LORIS
Address: VIA RINALDI 1/A
City-St-Zip: RIMINI, ITALY, . 47900 .

Title: VP () Delete
Name: TONI, LORIS
Address: VIA RINALDI 1/A
City-St-Zip: RIMINI, ITALY, . 47900 .

Title: T () Delete
Name: TONI, LORIS
Address: VIA RINALDI 1/A
City-St-Zip: RIMINI, ITALY, . 47900 .

Title: S () Delete
Name: MARINO, ARRIGONI
Address: VIA FATTIBONI 15
City-St-Zip: CESENO, ITALY, . . .

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORIS TONI

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date