

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007296

Entity Name: LUMAR'S CARE CORP.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

237 NW 12TH AVE
UNIT J
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

237 NW 12TH AVE
UNIT J
MIAMI, FL 33128

New Mailing Address:

FEI Number: 65-0385700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARQUEZ, LUIS
4794 S.W. 72ND AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MARQUEZ, LUIS
10510 SW 52 STREET
MIAMI, FL 33165 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARQUEZ, LUIS
Address: 237 NW 12 AVE SUITE J
City-St-Zip: MIAMI, FL 33128

Title: ST () Delete
Name: MARQUEZ, LUIS
Address: 237 NW 12 AVE SUITE J
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: LUIS MARQUEZ

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date