


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 010 ***150.00

DOCUMENT # P94000084832	
1. Entity Name Window Dressing by Lumas, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15 South J. Street Suite, Apt. #, etc.	3. Mailing Address 15 South J Street Suite, Apt. #, etc.
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50055742

DO NOT WRITE IN THIS SPACE

City & State Lake Worth, Fla Zip 33460	Country USA	City & State Lake Worth Fla Zip 33460	Country USA	4. FEI Number 65-0533859	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA A Nunez
Street Address (P.O. Box Number is Not Acceptable) 15 South J Street
City Lake Worth
FL Zip Code 33460

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 *Maria A Nunez* **DATE** 7/13/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME MARIA A Nunez	TITLE	
STREET ADDRESS 6236 16th Place South		STREET ADDRESS	
CITY-ST-ZIP West Palm Beach Fla 33415		CITY-ST-ZIP	
TITLE V	NAME James Heaton	TITLE	
STREET ADDRESS 1815 N 17th Court		STREET ADDRESS	
CITY-ST-ZIP Lake Worth, Fla 33460		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria A Nunez* **DATE** 7/13/05 **Daytime Phone #** 561-533-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Dear Sirs

ATTACHMENT
~~#P94000084832~~
50055742

The notice was never received
by us. We had a change of address

Thank you
J. Heath

Could you please send a letter to us
stating we are a Corporation