

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90031 012 ***150.00

DOCUMENT # P94000090318

1. Entity Name

LUPO INVESTMENT COMPANY, INC.



Principal Place of Business

2295 N.W. CORPORATE BLVD.
SUITE 135
BOCA RATON FL 33431

Mailing Address

2295 N.W. CORPORATE BLVD.
SUITE 135
BOCA RATON FL 33431



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0540800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPO, VITO J
2295 N.W. CORPORATE BLVD.
SUITE 135
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when corresponding.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	DP	<input type="checkbox"/> Delete
NAME	LUPO, MARIE ANN	
STREET ADDRESS	2295 N.W. CORPORATE BLVD. SUITE 135	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LUPO, JACK	
STREET ADDRESS	2295 N.W. CORPORATE BLVD. SUITE 135	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	LUPO, VITO J	
STREET ADDRESS	2295 N.W. CORPORATE BLVD. SUITE 135	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	MULLER, ROSANN L	
STREET ADDRESS	2295 N.W. CORPORATE BLVD. SUITE 135	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUPO-RODRIGUEZ, LINDA	
STREET ADDRESS	2295 N.W. CORPORATE BLVD. SUITE 135	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/20/08

(561) 994-2789

Date

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