


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90025 020 \*\*\*150.00

DOCUMENT # P95000096669  
 1. Entity Name  
 LUMAFUOR CORPORATION



Principal Place of Business      Mailing Address  
 1213 SILVERSTRAND DRIVE      1213 SILVERSTRAND DRIVE  
 NAPLES, FL 34110 US      NAPLES, FL 34110 US

54000228

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0633652      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KATZ, MARGOT  
 1213 SILVERSTRAND DRIVE  
 NAPLES, FL 34110

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KATZ, MARGOT
STREET ADDRESS	1213 SILVERSTRAND DRIVE
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margot Katz      Margot Katz pres.      1/23/04      (239) 514-1642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #