


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90037 023 \*\*\*150.00

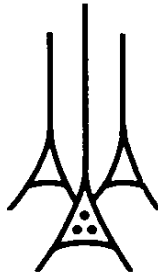
DOCUMENT # P95000096669					
1. Entity Name LUMAFLUOR CORPORATION					
Principal Place of Business 1213 SILVERSTRAND DRIVE NAPLES, FL 34110 US		Mailing Address 1213 SILVERSTRAND DRIVE NAPLES, FL 34110 US			
2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>AS above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0633652	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country	05162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent KATZ, LEONARD 1213 SILVERSTRAND DRIVE NAPLES, FL 34110			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, LEONARD		NAME		
STREET ADDRESS	1213 SILVERSTRAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Leonard Katz</i> Leonard Katz		Date: <i>6.24.06</i>		Daytime Phone #: <i>239 514 1642</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40034404



ATTACHMENT 40094494

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# LUMAFUOR CORP.

1213 Silverstrand Drive  
Naples, FL 34110 USA  
(239) 514-1642 • Fax: (239) 514-1697  
E-mail: lumafluor@aol.com  
www.lumafluor.com

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To whom it may concern,

Enclosed please find a check in the amount of \$150.00 which is meant and applied to our "Uniform Business Report". As we waited to receive the appropriate form we waited until now but have not received it.

As the time limit is rapidly approaching we decided to submit the enclosed check without the business report. For your information list we list our specifications below:

Florida State ID: 1568634-6  
Federal ID: 65-0633652  
requested form: UBR (Uniform Business Report)

We hope that there will be no additional complications due to the lack of the UBR form.

Sincerely,

P95000096669

A handwritten signature in cursive script that reads "Leonard Katz".

Leonard Katz (owner/manager)