

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006923

Entity Name: LUNA DESIGNS INC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

438 ESPANOLA WAY  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

900 16TH ST  
APT 302  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-0634750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, CHRISTINE  
900 16TH ST #302  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: KING, CHRISTINE  
Address: 900 16TH STREET NO. 302  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: KING, CHRISTINE  
Address: 900 16TH STREET NO. 302  
City-St-Zip: MIAMI BEACH, FL 33139

**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 exemption stated 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 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: CHRISTINE KING

PVST

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date