

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90039 028 ***150.00

DOCUMENT # P96000058593

1. Entity Name
LUFA MIAMI, INC.



Principal Place of Business
**401 BISCAYNE BLVD.
SPACE #N-212
MIAMI, FL 33132**

Mailing Address
**425 NW 26 STREET
MIAMI, FL 33127 US**



2. Principal Place of Business

401 BISCAYNE BLVD.

Suite, Apt. #, etc.
N-238

City & State
MIAMI, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33132

Country
US

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0682369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, JAYME
425 NW 26 STREET
MIAMI, FL 33127**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **PEREZ JAYME**
STREET ADDRESS **425 NW 26 STREET**
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE **VPS** ☐ Delete
NAME **PEREZ, JOAO RAMON**
STREET ADDRESS **425 NW 26TH STREET**
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2004

Date

Daytime Phone #