

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000068961

Entity Name: LUMARC, INC.

FILED
Oct 18, 2005
Secretary of State

Current Principal Place of Business:

11401 PINES BLVD., #252
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11401 PINES BLVD., #252
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0773669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PISO, MARC D
1804 NW 141 AVE.
PEMBROKE PINES, FL 33028 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

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: PISO, MARCELLO D
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: EDELMAN, WILLIAM P
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

Title: P (X) Delete
Name: PISO, DOMENIC A
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

Title: BOD (X) Delete
Name: BILARDELLO, CRISTINA
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

Title: BOD (X) Delete
Name: CLEMENTS, DANIEL
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PISO, MARCELLO
Address: 11401 PINES BLVD, SUITE 252
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: MARCELLO D. PISO

P

10/18/2005

Electronic Signature of Signing Officer or Director

Date