


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90077 046 \*\*\*550.00

<b>DOCUMENT # P97000075489</b>	
1. Entity Name <b>HERMANOS LUNA, INC.</b>	

Principal Place of Business <del>PO BOX 2303</del> <del>LABELLE, FL 33075 US</del>	Mailing Address <del>PO BOX 2303</del> <del>LABELLE, FL 33075 US</del>
<b>208 W. MAIN ST. IMMOKALEE, FL 34142-3929</b>	

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04252005 Chg-5 CR2E034 (10/03)

4. FEI Number <b>65-0784615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
LUNA, ANGEL M <del>605 NE PARK ST.</del> <del>OKEECHOBEE, FL 34972</del>	<b>208 W. MAIN ST. IMMOKALEE, FL 34142-3929</b>

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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 Angel M. Luna DATE 4/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

* <b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$650.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA, ANGEL M <del>605 NE PARK ST.</del> <del>OKEECHOBEE, FL 34972</del> <b>208 W. MAIN ST. IMMOKALEE, FL 34142-3929</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNA, HERIBERTO M 110 SUNRISE DR FT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUNA, ADAN M PO BOX 2303 LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Angel M. Luna DATE 4/28/05 DAYTIME PHONE # 863-673-1235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR