


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 034 ***158.75

DOCUMENT # P97000095078		
1. Entity Name G. P. LUX CORPORATION		

Principal Place of Business C/O ESTEIN & ASSOCIATES USA LTD 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES USA LTD 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # C/O Estein n& Associates USA Ltd. 4705 S. Apopka Vineland Road, Suite 201 Orlando, Fla. 32819	3. Mailing Address C/O Estein n& Associates USA Ltd. 4705 S. Apopka Vineland Road, Suite 201 Orlando, Fla. 32819
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11142008 Chg-P CR2E034 (12/06)

FEI Number 59-3476923	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUX, WALTER 5211 INTERNATIONAL DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lux Walter 4705 S. Apopka Vineland Road, Suite 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

Daytime Phone #