

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103551

FILED
Jun 18, 2009
Secretary of State

Entity Name: LUXOR DISTRIBUTORS & CONSULTANTS, INC.

Current Principal Place of Business:

4995 N.W. 72 AVENUE
SUITE 203
MIAMI, FL 33166 US

New Principal Place of Business:

216 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

4995 N.W. 72 AVENUE
SUITE 203
MIAMI, FL 33166 US

New Mailing Address:

216 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 65-0800170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMINSKY, GRACIELA
4995 N.W. 72 AVENUE
SUITE 203
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

KAMINSKY, GRACIELA
216 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

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: GRACIELA KAMINSKY

06/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAMINSKY, GRACIELA
Address: 4995 N.W. 72 AVENUE SUITE 203
City-St-Zip: MIAMI, FL 33166 US

Title: SD () Delete
Name: KAMINSKY, NORBERTO
Address: 4995 N.W. 72 AVENUE SUITE 203
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAMINSKY, GRACIELA
Address: 216 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: SD (X) Change () Addition
Name: KAMINSKY, NORBERTO
Address: 216 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: GRACIELA KAMINSKY

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06/18/2009

Electronic Signature of Signing Officer or Director

Date