2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # P98000022469 03-09-2004 90013 015 ***150.00 C.C. LUNETTES, INC. Principal Place of Business Mailing Address 3011 YAMATO ROAD, SUITE A-17 BOCA RATON FL 33434 3011 YAMATO ROAD, SUITE A-17 **BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address 5700 STIRLING MODD Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number FLORIDA 65-0827889 becourliof Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33021 4 2<u>u</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEWMAN, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 5 700 5TIRLING ROAD 3011 YAMATO ROAD, SUITE A-17 **BOCA RATON FL 33434 3**36≥ Hollxwood 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. Neumur) Newman Michael FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May B rustifund Contribution Added to Fees \$5.00 May Be 10. OFFICERS AND DIRECTORS * ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Michael Wewmen 5700 STIRLING MORD NAME NEWMAN, ROSE NAME 3011 YAMATO ROAD, SUITE A-17 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33434** CITY-ST-7IP Holliwood, Fla 33021 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered