

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90090 049 \*\*\*150.00

**DOCUMENT # P98000093842**

1. Entity Name

LUXCOM DEVELOPMENT, INC.



Principal Place of Business  
12448 SW 127 AVENUE  
MIAMI FL 33186  
US

Mailing Address  
12448 SW 127 AVENUE  
MIAMI FL 33186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0877212

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ New

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUARTE-VIERA, ANIBAL J  
~~8550 N.W. 33 STREET~~  
MIAMI FL 33122

Name DUARTE-VIERA, ANIBAL J

Street Address (P.O. Box Number is Not Acceptable)

5835 Blue Lagoon Drive Suite 200

City MIAMI

FL

Zip Code 33122

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

*Anibal J Duarte-Viera*

3/4/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDC ☐ Delete  
NAME GARCIA, CARLOS  
STREET ADDRESS 9485 SUNSET DRIVE A-295  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12448 S.W. 127 Avenue  
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete  
NAME FERNANDEZ, MARTHA  
STREET ADDRESS 9485 SUNSET DR A-295  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12448 S.W. 127 Avenue  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*CARLOS M. GARCIA* 3/2/04 305-969-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #