

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000093014



1. Entity Name
LUZ MARIA FASHION, INC.

Principal Place of Business
**17487 S.W. 20TH COURT
MIRAMAR, FL 33029**

Mailing Address

**17487 S.W. 20TH COURT
MIRAMAR, FL 33029**

2. Principal Place of Business
3030 SW 165 AV
Suite, Apt. #, etc.
Miramar - FL

3. Mailing Address
3030 SW 165 AV
Suite, Apt. #, etc.
Miramar - FL

City & State

City & State

33027

Country
USA

Zip
33027

Country
USA

04242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1011030

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUANCA, LUZ MARIA
17487 S.W. 20TH COURT
MIRAMAR, FL 33029**

Name

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

City

FL Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
NAME
DUANCA, LUZ MARIA
STREET ADDRESS
17487 S.W. 20TH COURT
CITY-ST-ZIP
MIRAMAR, FL 33029

Delete

TITLE
P.
NAME
DUANCA, LUZ MARIA
STREET ADDRESS
3030 SW 165 AV
CITY-ST-ZIP
Miramar - FL 33027

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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: *Xsley Apaia Oller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04

Date

Daytime Phone #

**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90262 046 ***150.00