06-12-2006 90003 043 ***150.00
S19870
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 PM 3:44

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S19870

1. Entity Name
LUSO OF FLORIDA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7211 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33707	C/O PAPPAS RETAIL LEASING & MGMT P.O. BOX 48547 SAINT PETERSBURG, FL 33743-8547
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05152006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3061486 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAPPAS RETAIL LEASING & MGMT
7211 1ST AVE S
SAINT PETERSBURG, FL 33707

7. Name and Address of New Registered Agent
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
Due by September 6, 2006

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	OPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREIRA, LEONARDO		NAME		
STREET ADDRESS	1152 COLLEGE ST.		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT., CAN. M6H1B3,		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			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 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: ______ June 07.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #