


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 472914**  
1. Entity Name  
**THE LUHEC CORPORATION**



Principal Place of Business      Mailing Address  
5791 NW 37TH AVE.      5791 NW 37TH AVE.  
MIAMI, FL 33142      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



01122004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1579367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ZEQUEIRA, ODALYS  
1900 SW 18TH AVE  
MIAMI, FL

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZEQUEIRA, LUIS 1900 SW 18TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZEQUEIRA, ODALYS 1900 SW 18TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ODALYS, ZEQUEIRA 1900 SW 18 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/04-80012-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Odalis Zequeira*      1/14/04      (305) 635-7546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #