

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 033 ***150.00



DOCUMENT # 599066

1. Entity Name
LUBA MOTORS, INC.

Principal Place of Business
8033 N.W. 36TH STREET
SUITE 4400
MIAMI, FL 33166

Mailing Address
8033 N.W. 36TH STREET
SUITE 4400
MIAMI, FL 33166



2. Principal Place of Business

3. Mailing Address

02042005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

440

440

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1873798

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

ISICOFF, ERIC D ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI, FL 33131

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, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD Delete
NAME RIBADENEIRA, DIEGO
STREET ADDRESS 8033 N.W. 36TH STREET, SUITE 440
CITY-ST-ZIP MIAMI, FL 33166

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS Delete
NAME RIBADENEIRA, DANIELA
STREET ADDRESS 8033 N.W. 36TH STREET, SUITE 440
CITY-ST-ZIP MIAMI, FL 33166

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME MENENDEZ, GEORGINA
STREET ADDRESS 8033 NW 36TH ST #440
CITY-ST-ZIP MIAMI, FL 33166

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Delete
NAME GARCIA, PRISCILLA
STREET ADDRESS 8033 NW 36TH ST #440
CITY-ST-ZIP MIAMI, FL 33166

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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: *Priscilla Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 (305) 597-9044
Date Daytime Phone #