


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90054 035 \*\*\*158.75

<b>DOCUMENT # 599066</b>			
1. Entity Name LUBA MOTORS, INC.			
Principal Place of Business 8033 N.W. 36TH STREET SUITE 440 MIAMI, FL 33166		Mailing Address 8033 N.W. 36TH STREET SUITE 440 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # <i>8045 NW 36TH STREET</i>		3. Mailing Address <i>8045 NW 36TH STREET</i>	
Suite, Apt. #, etc. <i>SUITE 500</i>		Suite, Apt. #, etc. <i>SUITE 500</i>	
City & State <i>DORAL, FL</i>		City & State <i>DORAL, FL</i>	
Zip <i>33166</i>	Country <i>U.S.A.</i>	Zip <i>33166</i>	Country <i>U.S.A.</i>
4. FEI Number 59-1873798		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISICOFF, ERIC D ESQ. 1200 BRICKELL AVE SUITE 1900 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8045 NW 36TH STREET, SUITE 500 DORAL, FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RIBADENEIRA, DANIELA 8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8045 NW 36TH STREET, SUITE 500 DORAL, FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENENDEZ, GEORGINA 8033 NW 36TH ST #440 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8045 NW 36TH STREET, SUITE 500 DORAL, FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, PRISCILLA 8033 NW 36TH ST #440 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8045 NW 36TH STREET, SUITE 500 DORAL, FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Priscilla Garcia</i>		SEC/TRES <i>4/18/07</i> (305) 597-9044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	