

02-14-2008 90014 025 *****61.25
J61707

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J61707

1. Entity Name
LUKE BROTHERS, INC.



Principal Place of Business
5532 AULD LANE
HOLIDAY, FL 34690 US

Mailing Address
2950 N 28TH TERRACE
HOLLYWOOD, FL 33020 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2794794

Applied For
Not Applicable

Zip

Country

Zip

Country

01302008 Chg-P CR2E034 (12/06)

300119550413
03/06/08--01017--005 **97.50



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

KALLICHE, ANTHONY ESQ
C/O THE CONTINENTAL GROUP, INC.
2950 N 28 TERRACE
HOLLYWOOD, FL 33020

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 re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PD
NAME LUCADANO, DAVID J
STREET ADDRESS 4631 ROWE DR
CITY-ST-ZIP NEW PT. RICHEY, FL 34855 Delete

TITLE T
NAME RABIN, Robert
STREET ADDRESS 2950 N. 28TH TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 Change Addition

TITLE ~~VPD~~
NAME LUCADANO, PETER
STREET ADDRESS 9248 NIA SEGOVIA
CITY-ST-ZIP NEW PT. RICHEY, FL 34855 Delete

TITLE ~~P.D.~~
NAME
STREET ADDRESS
CITY-ST-ZIP *M/2/22* Change Addition

TITLE ~~SB~~
NAME STRUNIN, RICHARD D
STREET ADDRESS 2950 N 28 TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE ~~SB~~
NAME CHRISTENSEN, STEVEN J
STREET ADDRESS 2950 N 28 TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 Delete

TITLE D
NAME KALLICHE, ANTHONY
STREET ADDRESS 2950 N. 28TH TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 Change Addition

TITLE D
NAME FRIEDRICHSEN, JOHN B
STREET ADDRESS 2950 N 28 TERR
CITY-ST-ZIP HOLLYWOOD, FL 33020 Delete

TITLE D
NAME ROSES, TOMAS
STREET ADDRESS 2950 N. 28TH TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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:

[Signature]

Robert Rabin

2/1/08

954 926-4408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #