2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

ANTIOAL ILLI OIL		
DOCUMENT # L96661 1. Entity Name LU-MECH, INC.		
Principal Place of Business	Mailing Address	
3301 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33145	3301 RICKENBACKER CAUSEW KEY BISCAYNE, FL 33145	AY



CR2E034 (11/05)

No Chg-P

01052007

DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0215225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GELLES, JARED ESQ. DO NOT WRITE 1401 BRICKELL AVENUE, STE. 825 MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000000658582 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 03/15/07-80043-025 158.75 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE APD NAME GONZALEZ, RENE STREET ADDRESS 3301 RICKENBACKER CAUSEWAY CITY-ST-ZIP KEY BISCAYNE, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attag<u>tness, with an address, with all other like empowered.</u>

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

JAN 0 6 2007

(305)365-635

Daytime Phone #