


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L96661	
1. Entity Name LU-MECH, INC.	

Principal Place of Business 3301 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33145	Mailing Address 3301 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33145
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215225	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GELLES, JARED ESQ. 1401 BRICKELL AVENUE, STE. 825 MIAMI, FL 33131
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DO NOT WRITE 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000823537  
 02/20/08-80038-024 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APD GONZALEZ, RENE 3301 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33145
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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: *René Gonzalez* 01/24/2008 (305)365-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #