


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 009 ***150.00

DOCUMENT # P03000095495

1. Entity Name
 LUCA SALES SERVICE, INC.



Principal Place of Business Mailing Address

3500 MUSTIC POINT DR #1104 3500 MUSTIC POINT DR #1104
 AVENTURA, FL 33180 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0704811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIPERSCHMIT, CARLOS A
 3500 MUSTIC POINT DR #1104
 AVENTURA, FL 33180

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIPERSCHMIT, CARLOS A
STREET ADDRESS	3500 MUSTIC POINT DR #1104
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD
NAME	KIPERSCHMIT, NORMA A
STREET ADDRESS	3500 MUSTIC POINT DR #1104
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ *[Signature]* **03.22.05**

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