

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095495

FILED
Jan 03, 2008
Secretary of State

Entity Name: LUCA SALES SERVICE, INC.

Current Principal Place of Business:

3500 MUSTIC POINT DR #1104
AVENTURA, FL 33180

New Principal Place of Business:

3500 MYSTIC POINTE DR
1104
AVENTURA, FL 33180

Current Mailing Address:

3500 MUSTIC POINT DR #1104
AVENTURA, FL 33180

New Mailing Address:

3500 MYSTIC POINTE DR
1104
AVENTURA, FL 33180

FEI Number: 02-0704811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIPERSHMIT, CARLOS A
3500 MYSTIC POINTE DR
1104
AVENTURA, FL 33180 US

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.

SIGNATURE: CARLOS KIPERSHMIT

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIPERSCHMIT, CARLOS A
Address: 3500 MUSTIC POINT DR #1104
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: KIPERSCHMIT, NORMA A
Address: 3500 MUSTIC POINT DR #1104
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIPERSHMIT, CARLOS A
Address: 3500 MYSTIC POINTE DR #1104
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Change () Addition
Name: KIPERSHMIT, NORMA B
Address: 3500 MYSTIC POINTE DR #1104
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS KIPERSHMIT

PR

01/03/2008

Electronic Signature of Signing Officer or Director

Date