


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90010 018 ***155.00

DOCUMENT # P05000142102

1. Entity Name
LUCUMI YORUBA PRODUCTS, INC.



Principal Place of Business
**3422 BURLINGTON DR.
 ORLANDO, FL 32837**

Mailing Address
**3422 BURLINGTON DR.
 ORLANDO, FL 32837**

40094033



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

05162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**ALVAREZ, JUAN N SR.
 3422 BURLINGTON DR.
 ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

4. FEI Number
30-0341335 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ALVAREZ, JUAN N SR. 3422 BURLINGTON DR. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ *[Signature]* _____ *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____