2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000024938

1. Entity Name
LCNF INVESTMENTS, INC.

Principal Place of Business
C/O JULIAN RODRIGUEZ, CPA
2801 PONCE DE LEON BLVD. SUITE 1000
CORAL GABLES, FL 33134

Mailing Address
C/O JULIAN RODRIGUEZ, CPA
2801 PONCE DE LEON BLVD. SUITE 1000
CORAL GABLES, FL 33134

02082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIAN
2801 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLMENERO, LUIS A
STREET ADDRESS	AVENIDA ROOSEVELT OFICINA APARTADO 1040
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	D
NAME	FULCHINI, NICOLINO A
STREET ADDRESS	AVENIDA ROOSEVELT OFICINA APARTADO 1040
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	PS
NAME	FULCHINI, ALFONSO M
STREET ADDRESS	1206 5TH PLACE
CITY-ST-ZIP	VERO BEACH, FL 32962
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #