


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 registered)

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 NAME STREET ADDRESS CITY-ST-ZIP	D COLMENERO, LUIS A AVENIDA ROOSEVELT OFICINA APARTADO 1040 CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULCHINI, NICOLINO A AVENIDA ROOSEVELT OFICINA APARTADO 1040 CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FULCHINI, ALFONSO M 1206 5TH PLACE 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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 02/19/04-80062-007 150.00

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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)(4), 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 # _____