


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 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
---	---



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0904832	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
RODRIGUEZ, JULIAN
2801 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

000000503059
04/26/06-80014-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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

4/10/06 305-445-0777
Date Daytime Phone #