

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90322 036 ***150.00

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



03092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 LCNF Investments, Inc. *(New address)*

Street Ad
 c/o Julian J. Rodriguez, P.A.

City
 95 Merrick Way, Suite 250
 Coral Gables, FL 33134

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLMENERO, LUIS A AVENIDA ROOSEVELT OFICINA APARTADO 1040 CARACAS, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULCHINI, NICOLINO A AVENIDA ROOSEVELT OFICINA APARTADO 1040 CARACAS, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FULCHINI, ALFONSO M 1206 5TH PLACE VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* _____ *4/16/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #