

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0904832

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Ad
City

LCNF Investments, Inc. (New-address)
c/o Julian J. Rodriguez, P.A.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME COLMENERO, LUIS A
STREET ADDRESS AVENIDA ROOSEVELT OFICINA APARTADO 1040
CITY-ST-ZIP CARACAS, VENEZUELA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FULCHINI, NICOLINO A
STREET ADDRESS AVENIDA ROOSEVELT OFICINA APARTADO 1040
CITY-ST-ZIP CARACAS, VENEZUELA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS ☐ Delete
NAME FULCHINI, ALFONSO M
STREET ADDRESS 1206 5TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #