

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90037 010 \*\*\*150.00

**DOCUMENT # V25504**

1. Entity Name  
**LUICHINY, INC.**



Principal Place of Business  
**319 NORTHWEST 25TH STREET**  
**MIAMI, FL 33127**

Mailing Address  
**319 NORTHWEST 25TH STREET**  
**MIAMI, FL 33127**

**54009600**



2. Principal Place of Business  
*200 NW 22nd Street*  
 Suite, Apt. #, etc.

3. Mailing Address  
*200 NW 22nd Street*  
 Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State  
*Miami, FL*  
 Zip  
*33127*  
 Country

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*Miami, FL*  
 Zip  
*33127*  
 Country

4. FEI Number  
**65-0325769**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TEICHNER, LEE**  
**701 BRICKELL AVE**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 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	DP HABIF, MORENO 319 NW 25TH ST. MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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]* Date: *2/17/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #