

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000089816

**Entity Name:** LUCHA PARTNERS INTERNATIONAL, INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4804803496**

**Current Principal Place of Business:**

10295 COLLINS AVE.  
SUITE 509  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

10295 COLLINS AVE.  
SUITE 509  
BAL HARBOUR, FL 33154 US

**FEI Number: 47-2242394**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SHEHADI, MICHAEL  
10295 COLLINS AVE.  
SUITE 509  
BAL HARBOUR, FL 33154 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JAY, SHEHADI  
Address 10295 COLLINS AVE., SUITE 509  
City-State-Zip: BAL HARBOUR FL 33154

Title SEC  
Name MICHAEL, SHEHADI  
Address 10295 COLLINS AVE  
City-State-Zip: BAL HARBOUR FL 33154

Title TREA  
Name MICHAEL, SHEHADI  
Address 10295 COLLINS AVE., SUITE 509  
City-State-Zip: BAL HARBOUR FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL SHEHADI**

**SEC**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date