


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005402		
1. Entity Name LUKAS METALS CO. INC.		
Principal Place of Business 10435 SW 186 LANE MIAMI, FL 33157		Mailing Address PO BOX 97-2197 MIAMI, FL 33197
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARREDONDO, GASPAR JR. 10435 SW 186 LANE MIAMI, FL 33157		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARREDONDO, GASPAR JR. PO BOX 56-2825 MIAMI, FL 33256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARRENDONDO, IMARA P.O. BOX 56-2825 MIAMI, FL 33256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> 1/17/05 305-278-0156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0942475	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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01/21/05-80051-008 158.75

**DO NOT WRITE
IN THIS SPACE**