


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90531 015 \*\*\*150.00

<b>DOCUMENT # F03000003388</b>					
1. Entity Name LUKI INVESTMENTS LIMITED, INC.					
Principal Place of Business BB/3 LATERBIOKOSHIE BLACKSMITH ACCRA GHANA, OC			Mailing Address PO BOX 10828 ACCURA NORTH GHANA WA,		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>98-0408322</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SMITH, CLARK W 1615 FORUM PLACE BARRISTER BLVD STE. 500 WEST PALM BEACH, FL 33401				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS LUMOR, ROMEO K PO BOX 10828 ACCRA NORTH GHANA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen L. Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8 Marine Parade Belize City, Belize		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LUMOR, ROMEO K PO BOX 10828 ACCRA NORTH GHANA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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>Stephen L. Thompson</u> Director 15/4/2004 (561) 207-7115					

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04152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**98-0408322**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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