2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F59194

1. Entity Name
LU INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
400 SOUTH DIXIE HWY, STE 4	400 DIXIE HWY
HALLANDALE, FL 33009 US	SUITE #4
	HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2217755	Not Applicable

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

6. Name and Address of Current Registered Agent

PANOFF, ROBERT E., P.A.
9400 S. DADELAND BLVD.
SUITE 106
MIAMI, FL 33156

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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

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, 2008 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PSTM
NAME	BAGDADI, RUGGIERO
STREET ADDRESS	400 SOUTH DIXIE HWY, STE 4
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000869208
04/09/08-80039-019 158.75

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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: RUGGIERO BAGDADI   03/18/08   954-457-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #