

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2004 90015 037 \*\*\*150.00

**DOCUMENT # F95000000691**

1. Entity Name  
CORPORACION LUCENA S.A.



Principal Place of Business  
% KAROL H. CZARTORYSKI  
19111 COLLINS AVE. APT. 3307  
SUNNY ISLES BEACH, FL 33161 US

Mailing Address  
% KAROL H. CZARTORYSKI  
19111 COLLINS AVE. APT. 3307  
SUNNY ISLES BEACH, FL 33161 US

2A003427



**DO NOT WRITE IN THIS SPACE**

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
98-0113336

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ENRIQUE, VICIANA  
4206 LAGUNA STREET  
CORAL GABLES, FL 33146

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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, 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	VD
NAME	CZARTORYSKI, ALEXANDER
STREET ADDRESS	POST OFFICE BOX N7776 N/A
CITY-ST-ZIP	NASSAU-BA
TITLE	SD
NAME	CZARTORYSKI, ALINE
STREET ADDRESS	POST OFFICE BOX N7776 N/A
CITY-ST-ZIP	NASSAU-BA
TITLE	PD
NAME	CZARTORYSKI, KAROL H
STREET ADDRESS	19111 COLLINS AVE, APT 3307
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	VD
NAME	ALEXANDRA CZARTORYSKI
STREET ADDRESS	P.O. BOX CB 12587
CITY-ST-ZIP	NASSAU BAHAMAS
TITLE	SD
NAME	ALINE CZARTORYSKI
STREET ADDRESS	P.O. BOX CB 12587
CITY-ST-ZIP	NASSAU BAHAMAS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KAROL H. CZARTORYSKI President

JAN 20 2004 3059361390