FOR PROFIT CORPORATION ' **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # J2567

FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90128 021 ***150.00

LUCIUSE CONST. CO SINCI

SIGNATURE:

DO NOT WRITE IN THIS SPACE				40048056		
2. Principal Place of Business (SED V.) DUKMAND EU Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City Pitate CTTY Pl Py & State CTTY Pl Py & State CTTY Country Zip Country Zip Country VI			puntry D		Applied For Not Applicable \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			Name	7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
	named entity submits this statement for the ons of registered agent.	purpose of changing its regis	City stered office or register	FL ed agent, or both, in the State of Florida. I am fa	Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
10. ITTLE NAME STREET ADDRESS CITY+SI-ZIP	OFFICERS AND DIR	1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	CR2E034B (12/02)	
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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 on an attachment with an address, with all other like empowered.						