


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90307 009 \*\*\*\*55.00

DOCUMENT # L01000016589	
1. Entity Name LUKRA, LLC	

**DO NOT WRITE IN THIS SPACE**

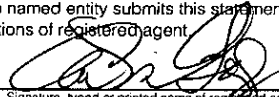
2. Principal Place of Business 10 SW 72nd Avenue Suite, Apt. #, etc.	3. Mailing Address 10 SW 72nd Avenue Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3685837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Ana M. Gonzalez	
	Street Address (P.O. Box Number is Not Acceptable) 10 SW 72nd Avenue	
	City Miami	FL Zip Code 33144

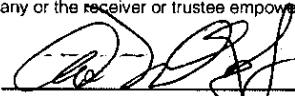
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  - President DATE 4/21/03

**FEF IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ana M. Gonzalez 10 SW 72nd Avenue Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President IVO JOOREN 10 SW 72nd Avenue Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 4-21-03 305-815-6409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)