


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90079 049 \*\*\*138.75

<b>DOCUMENT # L05000007241</b>					
1. Entity Name <b>LUCRO GROUP, LLC</b>					
Principal Place of Business <b>7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016</b>			Mailing Address <b>7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016</b>		
2. Principal Place of Business - No P.O. Box # <b>6843 Main Street</b>		3. Mailing Address <b>6843 Main Street</b>			
Suite, Apt. #, etc. <b>302</b>		Suite, Apt. #, etc. <b>302</b>			
City & State <b>Miami Lakes, FL.</b>		City & State <b>Miami Lakes, FL.</b>			
Zip <b>33014</b>	Country <b>USA</b>	Zip <b>33014</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>COSTA, HELEN C 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTA, HELEN C 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTA, HELEN C 6843 Main Street #302 Miami Lakes, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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.					
<b>SIGNATURE:</b> _____			Date _____ Daytime Phone # _____		