
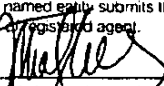
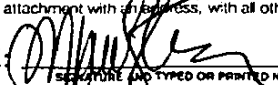


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 016 \*\*\*150.00

<b>DOCUMENT # L05868</b> 1. Entity Name <b>LUKEKATE, INC.</b>					
Principal Place of Business 201 S BISCAYNE BLVD PODIUM LEVEL SUITE 109 MIAMI FL 33131 US			Mailing Address 201 S BISCAYNE BLVD PODIUM LEVEL SUITE 109 MIAMI FL 33131 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0139853</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				2nd MOORE CR2E034 (4/06)	
6. Name and Address of Current Registered Agent <b>GOMEZ, MARIA E</b> <b>13475 NW 12 STREET</b> <b>PEMBROKE PINES FL 33028</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligation of, registered agent. SIGNATURE  <b>president</b> <span style="float: right;">8/11/06</span> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>		S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOMEZ, MARIA STELLA 13475 NW 12 STREET PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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  <b>Maria Stella Gomez</b> <span style="float: right;">8/11/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

305 530 8044  
786 351 8327  
Daytime Phone #

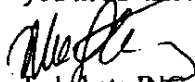
ATTACHMENT  
tele 62.33.37  
# L05868

To  
Division of Corporations  
Tallahassee, Fl

From  
Lukate, INC  
201 S. Biscayne Blvd Suite # 109  
Miami Fl 33131

08/01/06

I would like to inform you that this is the first time that I received this notice this year and I know it is a fee of \$ 150. Could you please review your records and help me with this issue, I always on time paying. I would really appreciate any help from you. Thank you in advance for your cooperation.

  
Lukate, INC