
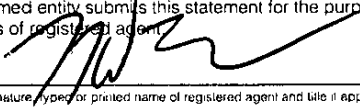
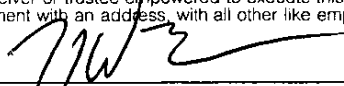


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90321 028 \*\*\*158.75

<b>DOCUMENT # L94653</b> 1. Entity Name <b>LUENGA CORP.</b>			
Principal Place of Business <b>3400 NE 34TH STREET SUITE 101 FT. LAUDERDALE FL 33308 US</b>		Mailing Address <b>3400 NE 34 ST STE 101 FT LAUDERDALE FL 33308 US</b>	
2. Principal Place of Business <b>535 CASUARINA CONCOURSE</b> Suite, Apt. #, etc.		3. Mailing Address <b>535 CASUARINA CONCOURSE</b> Suite, Apt. #, etc.	
City & State <b>CORAL GABLES FL</b> Zip <b>33143</b> Country <b>USA</b>		City & State <b>CORAL GABLES FL</b> Zip <b>33143</b> Country <b>USA</b>	
4. FEI Number <b>65-0212182</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOLOFSKY, HOWARD 3400 NW 34TH STREET #101 FT LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>535 CASUARINA CONCOURSE</b> City <b>CORAL GABLES FL</b> Zip Code <b>33143</b>	
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 \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		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	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSTEIN, ROBERT S.	NAME	
STREET ADDRESS	129 ROSALES CT	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOFSKY, HOWARD	NAME	
STREET ADDRESS	535 CASUARINA CONCOURSE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33143	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b> 		Date <b>4/11/06</b> (954) 929-1122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			