

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90250 006 \*\*\*150.00

20040135



03232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000013042</b> 1. Entity Name <b>LUCKMAN CONSULTING, INC.</b>					
Principal Place of Business <b>3100 N.E. 48TH STREET APT. 814 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>3100 N.E. 48TH STREET APT. 814 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business <b>11872 N.W. 9th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>11872 N.W. 9th Street</b> Suite, Apt. #, etc.			
City & State <b>Coral Springs, FL</b> Zip <b>33071</b> Country <b>USA</b>		City & State <b>Coral Springs, FL</b> Zip <b>33071</b> Country <b>USA</b>		4. FEI Number <b>65-0982208</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR FORT LAUDERDALE, FL 33308</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 \$150.00 After May 1, 2005 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P LUCKMAN, GARY MD</b> <b>3100 NORTHEAST 48TH COURT #814</b> <b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11872 N.W. 9th Street</b> <b>Coral Springs, FL 33071</b> <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	
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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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	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>GARY LUCKMAN</b> <span style="float: right;">3/25/05 934-474-3555</span> <small>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					