2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 08, 2004 08:00 AM DOCUMENT # P00000073505 **Secretary of State** 1. Entity Name LUBÚS ENTERPRISES INTERNATIONAL, INC. Principal Place of Business Mailing Address 10295 NW 18TH DR. 10295 NW 18TH DR. PLANTATION, FL 33322 PLANTATION, FL 33322 CR2E034 (10/03) 06302004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRIEN, JOSEPH ESQ. DO NOT WRITE 2632 HOLLYWOOD BLVD., SUITE 101 HOLLYWOOD, FL 33020 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME LUBUS, ARTHUR S STREET ADDRESS 10295 NW 18TH DR. PLANTATION, FL 33322 CITY-ST-ZIP U00000164272 TILE 07/08/04-80002-007 150.001 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CONTROL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED