2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				May 03, 2004 08:00 A			
1. Entity Nan	MENT # P000001059 LUTZ, INC.	11			Secr	etary	of State
506 S DIXIE	te of Susiness HWY E, FL 33009	Mailing Address 506 S DIXIE HWY HALLANDALE, FL 33009					
Ī	OO NOT WRITE	IN THIS SPA	CE	04272004 4. FEI Num 65-10	·	CR2E034	
	5. Name and Address of Current Re	gistered Agent					··
	, ALAN J SCAYNE BLVD STE 301 RA, FL 33180	DO NOT WRITE IN THIS SPACE					
the obligation of the obligati	e named entity submits this statement for tritions of registered agent. Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	title il applicable. (NOTE. Register 9. Election Campaign Fina	ed Agent signature required		U000001:	0ATE 50940	
10.	OFFICERS AND DIS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD RIKMAN, SHAUL 508 S DIXIE HIGHWAY HALLANDALE, FL 33009	IECTURS					
STREET ADDRESS CITY-ST-ZIP						· 1. ===================================	/- · · · · -
TITLE NAME STREET ADDRESS CETY-ST-Z/P				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			the contract of the contract o	va varra e rren - re	awata wala a la a la a		
TITLE							

12. I hereby certify that the information supplied with this filling 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 efficiency of the 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 in address, with all other like empowered. Sharl RIKWAN

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

EGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR