2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053720

City-St-Zip:

MIAMI, FL 33125

Entity Name: LUNELLI INVESTMENTS INC.

FILED Apr 08, 2003 Secretary of State

Littly Name: Lonelli INVESTIMENTS INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2451 N.W. MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2451 N.W. 14TH ST. MIAMI, FL 33125			3D	220 WASHINGTON AVE 3D MIAMI BEACH, FL 33139	
FEI Number:	65-1109501	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SCARFO, WALTER G 2451 N.W. 14TH ST. MIAMI, FL 33125 US			3D	220 WASHINGTON AVE	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: WALTER G. SCARFO				04/08/2003	
Electronic Signature of Registered Agent			nt	Date	
	npaign Financin	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CANCIO, JORO 2451 N.W. 14T MIAMI, FL 331	H ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD (SCARFO, WAL 2451 N.W. 14T MIAMI, FL 331	H ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	TD (LOCCIZANO, F 2451 N.W. 14T		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WALTER G. SCARFO PD 04/08/2003