


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 039 ***150.00

DOCUMENT # P01000084604

1. Entity Name
LUCETTA CORP.



Principal Place of Business
**3070 GRAND AVE
 COCONUT GROVE, FL 33133**

Mailing Address
**3070 GRAND AVE
 COCONUT GROVE, FL 33133**

2. Principal Place of Business
19255 SW 264 ST
 Suite, Apt. #, etc.

3. Mailing Address
19255 SW 264 ST.
 Suite, Apt. #, etc.

City & State
Homestead FL

City & State
Homestead FL

Zip
33031-1793 Country **U.S.**

Zip
33031-1793 Country **U.S.**



01102004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1149779

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
**GARCIA, NOEL
 3070 GRAND AVE
 COCONUT GROVE, FL 33133**

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name **GARCIA NOEL**
 Street Address (P.O. Box Number is Not Acceptable)
19255 SW 264 ST.
 City **Homestead** FL Zip Code **33031-1793**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, NOEL 3070 GRAND AVE COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, NOEL 19255 SW 264 ST. Homestead, FL 33031-1793 <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
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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.

SIGNATURE:  **NOEL GARCIA, PRES** **1/14/04** **305-298-0367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #