
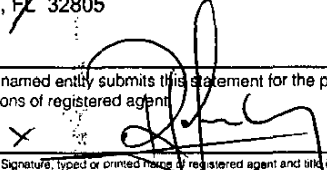


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Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 050 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000088312			
1. Entity Name LUCHRO, CORP.			
Principal Place of Business 6016 RALEIGH ST 2903 ORLANDO, FL 32835		Mailing Address 6016 RALEIGH ST 2903 ORLANDO, FL 32835	
2. Principal Place of Business 5566 ARNOLD PALMER DR #4210 Suite, Apt. #, etc. 4210		3. Mailing Address 5566 ARNOLD PALMER DR. Suite, Apt. #, etc. 4210	
City & State ORLANDO FL		City & State ORLANDO - FL	
Zip 32811		Country USA	
4. FEI Number 59-3743518		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSTON, ROBERTO A 6016 RALEIGH ST STE 2903 ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name JOHNSTON, ROBERTO A. Street Address (P.O. Box Number is Not Acceptable) 5566 ARNOLD PALMER DR. #4210 City ORLANDO FL Zip Code 32811	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JOHNSTON, ROBERTO A STREET ADDRESS 6016 RALEIGH ST. STE 2903 CITY-ST-ZIP ORLANDO, FL 32835		TITLE PD NAME ROBERTO JOHNSTON STREET ADDRESS 5566 ARNOLD PALMER DR. #4210 CITY-ST-ZIP ORLANDO - FL 32811	
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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: 		(321) 438-8248	