## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093225

Entity Name: LUCALZA ENTERPRISES, CORP

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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11872 WILES RD BAY

#4

CORAL SPRINGS, FL 33076

Current Mailing Address: New Mailing Address:

11872 WILES RD BAY

#4

CORAL SPRINGS, FL 33076

FEI Number: 65-1140434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALZADILLA, EVA
446 CONSERVATION DRIVE
CASYA BUSINESS SOLUTIONS, CORP
3717 OAK RIDGE LANE

WESTON, FL 33327 US WESTON, FL 33331 US

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.

SIGNATURE: CASYA BUSINESS SOLUTIONS, CORP 04/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: PRTD (X) Change ( ) Addition

Name: CALZADILLA, EVA Name: CLEMENTE, MARIBEL
Address: 446 CONSERVATION DRIVE Address: 2641 SOUTH WEST 154 LANE

City-St-Zip: WESTON, FL 33327 City-St-Zip: DAVIE, FL 33331

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CALZADILLA, LUIS M
 Name:

 Address:
 446 CONSERVATION DRIVE
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CALZADILLA, LUIS M
 Name:

 Address:
 446 CONSERVATION DRIVE
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: CLEMENTE MARIBEL PRTD 04/17/2008