


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90063 025 ***150.00

DOCUMENT # P01000098587 1. Entity Name LUENZO INTERNATIONAL, CORPORATION	
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Principal Place of Business 1855 NW 20 STREET MIAMI, FL 33142	Mailing Address 2027 NW 22 COURT MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



50062767

08112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1145966	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUENZO, JEREMIAS 1850 SW 16 TERRACE MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUENZO, JEREMISS D 2027 NW 22 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUENZO, ALFREDO H 2027 NW 22 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUMAGALLI, MARGARITA R 2027 NW 22 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUENZO, JEREMISS D 2027 NW 22 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*We never Received The
Proper APPLICATION ONE OF
FRIENDS TOOK IT FROM
INTERNET, PLEASE TAKE THIS
IN CONSIDERATION -
THANKS*

**DO NOT WRITE
IN THIS SPACE**

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: <i>X</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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