

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90016 023 ***150.00

DOCUMENT # P02000012735

1. Entity Name
LUCIANO PRODUCTIONS INC.



Principal Place of Business
852 JEFFERSON AVE, STE 7
MIAMI BEACH, FL 33139 US

Mailing Address
852 JEFFERSON AVE, STE 7
MIAMI BEACH, FL 33139 US



05112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
185 SE 14th TER
Suite, Apt. #, etc.
2602

3. Mailing Address
185 SE 14th TER
Suite, Apt. #, etc.
2602

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
16-1654331

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

6. Name and Address of Current Registered Agent

MILHOMME, JACQUES
1607 MICHIGAN AVE, 7
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, ERIC	
STREET ADDRESS	852 JEFFERSON AVE, STE 7	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DM	<input type="checkbox"/> Delete
NAME	MILHOMME, JACQUES	
STREET ADDRESS	1607 MICHIGAN AVE #7	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOOTHE, JULIAN	
STREET ADDRESS	850 JEFFERSON AVE #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILHOMME, SCHADRAC	
STREET ADDRESS	852 JEFFERSON AVE #7	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERTILE, BELIARD	
STREET ADDRESS	4755 N.W. 5TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	185 SE 14 th TER, STE 2602	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	796 85 th ST # 2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-05