

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90095 013 ***158.75

DOCUMENT # P02000016574					
1. Entity Name LUGUI ENTERPRISES CORPORATION					
Principal Place of Business 10750 NW 66TH STREET SUITE 513 MIAMI, FL 33178			Mailing Address 10750 NW 66TH STREET SUITE 513 MIAMI, FL 33178		
2. Principal Place of Business 780 NW 42 Ave Suite, Apt. #, etc. #516 City & State Miami FL Zip 33126 Country		3. Mailing Address 780 NW 42 Ave Suite, Apt. #, etc. #516 City & State Miami FL Zip 33126 Country			
01262004 Chg-P CR2E034 (10/03)		4. FEI Number 01-0602529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALE-GOMES, LUIS F 10750 NW 66TH STREET SUITE 513 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Aurelio A Piedra CPA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 Ave #516 City Miami FL Zip Code 33126		
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: <u>Aurelio A Piedra</u> DATE: <u>1/26/04</u> <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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALE-GOMES, LUIS F 10750 NW 66TH STREET #513 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10750 N.W 66th Street #108 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAL LAGO DE VALE, ELDA 10750 NW 66TH STREET #513 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10750 N.W 66th Street #108 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALE, GUILLERMO A 10750 NW 66TH STREET #513 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10750 N.W 66th Street #108 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <u>X</u>			Date: <u>1/26/04</u> Daytime Phone #: <u>(305) 597-9777</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					