



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000036643 1. Entity Name LUBECA CORPORATION		
Principal Place of Business 4130 SW 70 TERR DAVIE, FL 33314	Mailing Address 4130 SW 70 TERR DAVIE, FL 33314	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOMEZ, MARIA C 4130 SW 70 TERR DAVIE, FL 33314		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARIA C 4130 SW 70 TERR DAVIE, FL 33314	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/24/07 954 424 4262 <small>Date Daytime Phone #</small>



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0419946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/10/07-80052-015 150.00

**DO NOT WRITE
IN THIS SPACE**