2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P02000081316

Entity Name: LUCINI ITALIA COMPANY

Current Principal Place of Business:

3225 AVIATION AVENUE
SIXTH FLOOR
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 331149
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 36-4158888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIGO, RENEE
3506 MAIN LODGE DRIVE
COCONUT GROVE, FL 331335918 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRIGO, VICTORIA
Address: 3130 MUNROE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: FRIGO, RENEE
Address: 3506 MAIN LODGE DRIVE
City-St-Zip: COCONUT GROVE, FL 331335918

Title: D ( ) Delete
Name: GRAEFF, DANIEL
Address: 3506 MAIN LODGE DRIVE
City-St-Zip: COCONUT GROVE, FL 331335918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW OBRIEN MR. 05/02/2005

Electronic Signature of Signing Officer or Director Date