


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90001 017 \*\*\*150.00

|   |                                      |  |  |   |  |
|---|--------------------------------------|--|--|---|--|
| <b>DOCUMENT # P04000116201</b><br>1. Entity Name<br><b>LUCINVEST CORP.</b>  |                                      |  |  |                                  |  |
| Principal Place of Business<br><b>168 SE 1ST STREET<br/>SUITE 1006<br/>MIAMI, FL 33131</b>  |                                      |  | Mailing Address<br><b>168 SE 1ST STREET<br/>SUITE 1006<br/>MIAMI, FL 33131</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                      |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                      |   |  |
| City & State  |                                      |  | City & State   |   |  |
| Zip   | Country                              | Zip  | Country  | 4. FEI Number<br><b>20-1486230</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHAPA, OSCAR<br/>168 SE 1ST STREET<br/>SUITE 1006<br/>MIAMI, FL 33131</b>   |                                      |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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. |                                      |  |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>   |                                      |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |   |  |
| TITLE   | P, D                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | <b>LEVET VELASCO, AARON</b>          |  | NAME   |   |  |
| STREET ADDRESS  | <b>168 SE 1ST STREET, SUITE 1006</b> |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>MIAMI, FL 33131</b>               |  | CITY-ST-ZIP  |   |  |
| TITLE   | VP D                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | <b>ORTEGA AROCHI, LUVA</b>           |  | NAME   |   |  |
| STREET ADDRESS  | <b>168 SE 1ST STREET, SUITE 1006</b> |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>MIAMI, FL 33131</b>               |  | CITY-ST-ZIP  |   |  |
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| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   |                                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   |                                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |

**50066334**



08172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1486230**

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

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 reconstituting)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|----------------------------|--------------------------------------|---------------------------------|---|---|--|
| TITLE                      | P, D                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>LEVET VELASCO, AARON</b>          |                                 | NAME  |   |  |
| STREET ADDRESS             | <b>168 SE 1ST STREET, SUITE 1006</b> |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI, FL 33131</b>               |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      | VP D                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>ORTEGA AROCHI, LUVA</b>           |                                 | NAME  |   |  |
| STREET ADDRESS             | <b>168 SE 1ST STREET, SUITE 1006</b> |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI, FL 33131</b>               |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                      |                                 | NAME  |   |  |
| STREET ADDRESS             |                                      |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                      |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                      |                                 | NAME  |   |  |
| STREET ADDRESS             |                                      |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                      |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                      |                                 | NAME  |   |  |
| STREET ADDRESS             |                                      |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                      |                                 | 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:** \_\_\_\_\_ **19 -08-2005** **(52555) 279-5469**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50066334

LUCINVEST CORP.

168 SE 1<sup>st</sup> Street  
Suite 1006  
Miami, FL 33131

8/19/2005

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

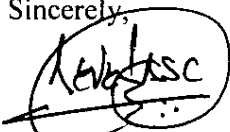
RE: Lucinvest Corp  
Doc #P04000116201  
FEI #20-1486230

Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2005 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2005 for the amount of \$150.00

Sincerely,

A handwritten signature in black ink, appearing to read "Aaron Levet", enclosed within a hand-drawn oval.

Aaron Levet  
President