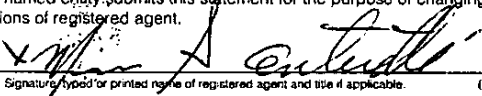
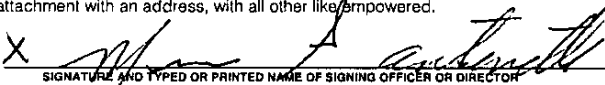


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90178 011 ***150.00

DOCUMENT # P04000141399 1. Entity Name LUCHENNY GENERAL SERVICES, INC.			
Principal Place of Business 6664 STAR DUST LANE ORLANDO, FL 32818 CHANGED		Mailing Address 6664 STAR DUST LANE ORLANDO, FL 32818 CHANGED	
2. Principal Place of Business 6912 OUTFLOW CT Suite, Apt. #, etc. APT. 206 City & State ORLANDO FLORIDA Zip 32818 Country USA		3. Mailing Address 6912 OUTFLOW CT Suite, Apt. #, etc. APT. 206 City & State ORLANDO FLORIDA Zip 32818 Country USA	
4. FEI Number 20-1743899		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTONETTI, MIRIAM S 6664 STAR DUST LANE ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name ANTONETTI, MIRIAM S Street Address (P.O. Box Number is Not Acceptable) 6912 OUTFLOW CT APT. 206 City ORLANDO FL Zip Code 32818	
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:  DATE: 04/07/05 <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, 2005 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	P ANTONETTI, MIRIAM S 6664 STAR DUST LANE ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONETTI, MIRIAM S 6912 OUTFLOW CT APT 206 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JANEISON 6664 STAR DUST LANE ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: X 		Date: 04/07/05 (402) 497 9412 <small>Daytime Phone #</small>	