

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006047

FILED
Apr 30, 2009
Secretary of State

Entity Name: LUCA D. INC.

Current Principal Place of Business:

12387 S INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Principal Place of Business:

5405 JENKINS LOOP DR.
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

12387 S INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Mailing Address:

5405 JENKINS LOOP DR.
KEYSTONE HEIGHTS, FL 32656

FEI Number: 20-8238514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DJELOSEVIC, LUCA
12387 S INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

DJELOSEVIC, LUCA
5405 JENKINS LOOP DR.
KEYSTONE HEIGHTS, FL 32656 US

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: LUCA DJELOSEVIC

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DJELOSEVIC, LUCA
Address: 12387 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD () Delete
Name: DJELOSEVIC, DEBRA
Address: 12387 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DJELOSEVIC, LUCA
Address: 5405 JENKINS LOOP DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD (X) Change () Addition
Name: DJELOSEVIC, DEBRA
Address: 5405 JENKINS LOOP DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBRA DJELOSEVIC

SD

04/30/2009

Electronic Signature of Signing Officer or Director

Date