

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P07000058239

1. Entity Name

LUCCA RESTAURANT, INC.



**FILED
May 15, 2008 8:00 am
Secretary of State**

05-15-2008 90021 003 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address		
3311 N OCEAN BLVD. FORT LAUDERDALE FL 33308	3311 N OCEAN BLVD. FORT LAUDERDALE FL 33308		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <i>36 4609092</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIANCIULLO, DAVID 4051 NE 13TH AVE. #56 FORT LAUDERDALE FL 33334	Name <i>Cianciullo, DAVID</i> Street Address (P.O. Box Number is Not Acceptable) <i>3020 NE 32nd Ave #904</i> City <i>Fort Lauderdale</i> FL Zip Code <i>33308</i>

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANCIULLO, DAVID	NAME	
STREET ADDRESS	3311 N OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 exemptions contained in Section 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: *David Cianciullo* Date *4/24/08* Daytime Phone # *954-563-1349*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR