


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000030326	
1. Entity Name LUANDA CASH INC. II	

Principal Place of Business 3 SW 107TH AVE #3 MIAMI, FL 33174	Mailing Address 3 SW 107TH AVE #3 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0406931	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  ALONSO, DARIO 3 SW 107TH AVE #3 MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERROCAL, MIRTA % 3 SW 107TH AVE #3 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALONSO, DARIO % 3 SW 107TH AVE #3 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALONSO, NANCY % 3 SW 107TH AVE #3 MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80048-006 150.00

DO NOT WRITE  
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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: M Berrocal PRES. 2/7/05- 305-559-0205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #