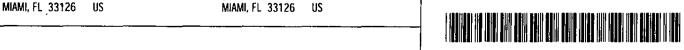
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P95000093714 1. Entity Name LUBESCA INVESTMENTS CORP. Principal Place of Business Mailing Address 10 N.W. LE JEUNE ROAD 10 N.W. LE JEUNE ROAD

FILED Mar 31, 2008 08:00 AN Secretary of State

Fee Required





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUITE 500

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTUR

| 01182008 No Chg-P | | CR2E034 (11/05) | | | |
|-------------------|--------------------|-----------------|------------------|--|--|
| 4. FEI Number | | | Applied For | | |
| 58-2213 | 3871 | | Not Applicable | | |
| 5 Continues | of Ctatus Designed | | S8.75 Additional | | |

ESQUIRE CORPORATE SERVICES\, INC. 10 N.W. LE JEUNE ROAD SUITE 500 MIAMI, FL 33126

SUITE 500

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

3-2U-08

Daytime Phone #

| 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 / gen) signature required when reinstating) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | 1 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST PACHECO, LUCIO J 10 N.W. LE JEUNE ROAD, STE 500 MIAMI, FL 33126 | | | | U00000874246 04/10/08-80109-020 150.00 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | , , | 04\10\08-80108-050 120:00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | iN | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (| | , | · | · | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 trultee 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. | | | | | | | |