## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P97000038494 1. Entity Name 04-20-2005 90343 019 \*\*\*150.00 LUCARELLA'S INC. Principal Place of Business Mailing Address 3080 NE 47 COURT 3080 NE 47 COURT 50040382 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 1431 PALM CLUB Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE MUD ETLDAL Applied For City & State 4. FEI Number 65-0750378 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SQUADRITO, JEROME 3080 N.E. 47 COURT # 508 1431 SO, OCEAN BLV 25treet Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL-33308 LAUD BY The SEA Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State .... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change TITLE ☐ Oelete SQUADRITO, JEROHE SQUADRITO, JEROME NAME 1431 PALM CLUB DRIVE #92 3080 NE 47 CT. # 508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP AUDERDALE BY THE SEA, FI. 33062 Change Addition ☐ Delete THILE COLADZITO, MAZIA SQUADRITO, MARIA NAME NAME 431 PALH CLUB DEIVE #92 3080 NE 47 CT. # 508 STREET ADDRESS STREET ADDRESS PLIDERDALE BY The SEA, FI. 33062 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition THE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 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.

FILED