2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000038494

1. Entity Name
LUCARELLA'S INC.

Principal Place of Business	Mailing Address
1431 SOUTH OCEAN BLVD. #92 LAUDERDALE BY THE SEA, FL 33062	1431 SOUTH OCEAN BLVD. #92 LAUDERDALE BY THE SEA, FL 33062

DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0750378
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SQUADRITO, JEROME
1431 SOUTH OCEAN BLVD. #92
LAUDERDALE BY THE SEA, FL 33062

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000586930
01/17/07-80006-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SQUADRITO, JEROME
STREET ADDRESS	1431 SOUTH OCEAN BLVD. #92
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	VST
NAME	SQUADRITO, MARIA
STREET ADDRESS	1431 SOUTH OCEAN BLVD. #92
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maria Squadrito MARIA SQUADRITO 1/10/07 954 8680659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #