

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063378

1. Entity Name
LU MANAGEMENT, INC.



Principal Place of Business
ONE FINANCIAL PLAZA
SUITE 125
FORT LAUDERDALE, FL 33394-0063

Mailing Address
ONE FINANCIAL PLAZA
SUITE 125
FORT LAUDERDALE, FL 33394-0063



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776237

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRINKLEY, MICHAEL
200 E. LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE, FL 33301-2209

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000154579
05/05/04-80002-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOLLER, ANDERS
STREET ADDRESS	ONE FINANCIAL PLAZA STE 125
CITY-ST-ZIP	FORT LAUDERDALE, FL 333940063
TITLE	D
NAME	LU, FUMIN
STREET ADDRESS	ONE FINANCIAL PLAZA STE 125
CITY-ST-ZIP	FORT LAUDERDALE, FL 333940063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

954-524-0601

Date

Daytime Phone #