2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000068428

1. Entity Name LUGO, INC.



Principal Place of Business

255 SOUTH ORANGE AVENUE **SUITE 1700** ORLANDO, FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE **SUITE 1700** ORLANDO, FL 32801

FILED Mar 25, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (10/03) 02142005 Applied For 4. FEI Number 59-3469028 Not Applicable \$8.75 Additional

Daytime Phone #

5. Certificate of Status Desired Fee Required

ROSS, THOMAS T 255 SOUTH ORANGE AVENUE **SUITE 1700** ORLANDO, FL 32801

SIGNATURE:

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 # applicable. (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution		sting \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AUFSEESSER, ERNEST 20, CH. COLLADON CH 1209 GENEV SWITZERLAND,	/A		U00000276635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURZ, PETER 35. CH. DE LA SEYMAZ CH. 1253 VA SWITZERLAND,	NDOEUVRES		772725705-A0050-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19 CH-4054 BAS SWITZERLAND,	6EL	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801		TN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAATHOFF, DWIGHT D 255 S. ORANGE AVE ORLANDO, FL 32801		manuri, u. u. u. u. sarrande, u	
TITLE NAME STREET ADDRESS CITY-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)(1), 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 truspee 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.				