2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P97000092922 1. Entity Name THE LUBIAN GROUP CORPORATION					28-2004 90269 00			
Principal Plac	e of Business					فيوا فر		
7509 NW 8 ST		Mailing Address 748 SW 100 CT. CTR. MIAMI, FL 33179 US						
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2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-P CR2E0	34 (10/03)		
· · City & State		City & State	City & State				pplied For	
Zip	Country	Zip	Country	65-0793349 5. Certificate of Statu		\$8.75 Add	litional 🚆	
Name and Address of Current Registered Agent				7. Name and Addres	s of New Registered A	Agent	75	
LUBIAN, JUAN J				-Name				
260 NW 197 ST.			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
N. MIAMI, FL 33169							Į.	
y i			City		FI	Zip Cod		
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 according to the state of Florida.							and accept	
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent standure registered when renstating) DATE Page 1								
•	Signature, typed or or miled reside or registered agent a	and title is abblicable (NO)	Pegistered Agent signature require	d 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.				.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	5 IN 11 → S	
16LE 1	PTS	Delete	TITLE			☐ Change	Addition;	
NAME STREET ADDRESS	LUBIAN, ROSA 748 SW 100 CT. CIRCLE		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33174		Crity-S1-ZiP					
TITLE	VPD	□ Delete	TITLE ·			☐ Change	Addition	
NAME	LUBIAN, JUAN		NAME			•		
STREET ADDRESS CITY-ST-ZIP	260 NW 197 ST N MIAMI, FL 33169		STREET ADDRESS CITY-ST-ZIP				Ž.	
TITLE		Delete	TITLE			☐ Change	Addition :	
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NAME			NAME			5.76.79		
STREET ADDRESS	*	, , , , , , , , , , , , , , , , , , ,	STREET ADDRESS				¥.	
City - ST - ZiP		7/4	CITY-ST-Z:P -		·-		. F. 🕅	

2. 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 eath; 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

4/25/04

305-223-1928

Caytime Phone