

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95J00092922

1. Entity Name
THE LUBIAN GROUP CORPORATION



Principal Place of Business
7509 NW 8 ST
MIAMI, FL 33126 US

Mailing Address
748 SW 100 CT. CTR.
MIAMI, FL 33179 US



03202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793349 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LUBIAN, JUAN J
260 NW 197 ST.
N. MIAMI, FL 33169

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	LUBIAN, ROSA
STREET ADDRESS	748 SW 100 CT. CIRCLE
CITY - ST - ZIP	MIAMI, FL 33174
TITLE	VPD
NAME	LUBIAN, JUAN
STREET ADDRESS	260 NW 197 ST
CITY - ST - ZIP	N MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/23/05-80057-014 158.75

**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)(f), 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: *Rosa Lubian - PTS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 305-223-1928
Date Daytime Phone #