

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027621

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: LUSAMI, INC.

**Current Principal Place of Business:**

8991 ALEXANDRA CIR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

8991 ALEXANDRA CIR  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-0820987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COZZI, PEDRO  
8991 ALEXANDRA CIR  
WELLINGTON, FL 33414      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: COZZI, PEDRO  
Address: 8991 ALEXANDRA CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: COZZI, ROSA E  
Address: 8991 ALEXANDRA CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: S      ( ) Delete  
Name: COZZI, HORACIO O  
Address: 8741 SAND LAKE CT  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO COZZI

D

02/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date