## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000027621

Entity Name: LUSAMI, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8991 ALEXANDRA CIR 104 NW PLEASANT GROVE WAY WELLINGTON, FL 33414 PORT ST LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

8991 ALEXANDRA CIR
WELLINGTON, FL 33414
104 NW PLEASANT GROVE WAY
PORT ST LUCIE, FL 34986

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

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

COZZI, PEDRO

8991 ALEXANDRA CIR

WELLINGTON, FL 33414 US

COZZI, PEDRO

104 NW PLEASANT GROVE WAY

PORT ST LUCIE, FL 34986 US

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: PEDRO COZZI 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: COZZI, PEDRO Name: COZZI, PEDRO

Address: 8991 ALEXANDRA CIR Address: 104 NW PLEASANT GROVE WAY

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: PORT ST LUCIE, FL 34986

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 COZZI, ROSA E
 Name:
 COZZI, ROSA E

Address: 8991 ALEXANDRA CIR Address: 104 NW PLEASANT GROVE WAY
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: PORT ST LUCIE, FL 34986

Title: S ( ) Delete Title: S (X) Change ( ) Addition Name: COZZI, HORACIO O Name: COZZI, HORACIO O

Address: 8741 SAND LAKE CT Address: 104 NW PLEASANT GROVE WAY

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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 P 04/27/2007