2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P98000027653** 1. Entity Name 04-21-2005 90257 009 ***150.00 LUCIANO'S CHRISTIAN BOOK CENTER, INC. Principal Place of Business Mailing Address 801 WEST 49 STREET 1512 WEST 49 STREET HIALEAH, FL 33012 #224 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0831245 Not Applicable Country Zip Country Zip \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, DANYS Street Address (P.O. Box Number is Not Acceptable) 1512 WEST 49TH STREET HIALEAH, FL 33012 Zip Code 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE TITLE □ Detete ☐ Change ☐ Addition NAME RODRIGUEZ, DANYS NAME 1512 WEST 49TH ST. STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-SI-7IP CITY-ST-ZIP TIME * Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-74P TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CHY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 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-

STREET ADDRESS

CITY-ST-ZIP

Delete

NAME STREET ADDRESS

CITY+ST-7IP

☐ Addition

☐ Change

FILED