

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90030 032 \*\*\*150.00

<b>DOCUMENT # P98000027653</b> 1. Entity Name <b>LUCIANO'S CHRISTIAN BOOK CENTER, INC.</b>					
Principal Place of Business <b>1512 WEST 49 STREET</b> <b>HIALEAH, FL 33012</b>			Mailing Address <del>801 WEST 49 STREET</del> <del>#224</del> <del>HIALEAH, FL 33012</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1512 West 49th ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>HIALEAH, FL</b>		4. FEI Number <b>65-0831245</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33012</b>		Country		02062008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, DANYS</b> <b>1512 WEST 49TH STREET</b> <b>HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, DANYS</b> <b>1512 WEST 49TH ST.</b> <b>HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>X</b>			<b>DANYS Rodriguez</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>X2-19-08</b> <small>Daytime Phone #</small> <b>305-231-9090</b>		