2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000817

Entity Name: LUANDREWS, INC.

FILED Jul 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1801 SE 24TH AVENUE 1801 ADMIRALS WAY

FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

1801 SE 24TH AVENUE 1801 ADMIRALS WAY

FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

FEI Number: 65-0885020 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:

ALORRO, ANDREW
1801 SE 24TH AVE
ALORRO, ANDREW
1801 ADMIRALS WAY

FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 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: ANDREW ALORRO 07/06/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 ADORRO, ANDREW
 Name:

 Address:
 1801 SE 24TH AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33316
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 ALORRO, LUANN
 Name:

 Address:
 1801 SE 24TH AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33316
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW ALORRO P 07/06/2004