

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028118

Entity Name: LUXURY CONCEPTS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

P. O. BOX 381961
MIAMI, FL 33238 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 381961
MIAMI, FL 33238 US

New Mailing Address:

FEI Number: 65-0905893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANT, SARAH
P.O. BOX 381961
MIAMI, FL 33238 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: P () Delete
Name: HANKERSON, SARAH
Address: PO BOX 381961
City-St-Zip: MIAMI, FL 332381961

Title: T () Delete
Name: MCCRAY, BETTY A
Address: PO BOX 1121
City-St-Zip: DANIA BEACH, FL 33004

Title: S () Delete
Name: COBB, BARBARA J
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

Title: D () Delete
Name: GANT, WILLIE JR
Address: 4220 NW 182 STREET
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: HANKERSON, ROBERT JR.
Address: P. O. BOX 381961
City-St-Zip: MIAMI, FL 33238

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:

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 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: SARAH A HANKERSON

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date