2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028118

Entity Name: LUXURY CONCEPTS, INC.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P. O. BOX 381961 MIAMI, FL 33238 US				4920 N W 182ND ST MIAMI, FL 33055 US			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 3 MIAMI, FL :							
FEI Number:	65-0905893	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GANT, SARAH P.O. BOX 381961 MIAMI, FL 33238 US				HANKERSON, ROBERT 4920 N W 182ND ST MIAMI, FL 33055 US			
The above in the State	named entity s of Florida.	ubmits this statement for the pur	pose o	f changing it	s registered of	fice or registered agent, or bo	oth,
SIGNATUR	E: ROBERT	HANKERSON				04/14/2007	
	Electroni	c Signature of Registered Agent	İ			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () HANKERSON, S PO BOX 381961 MIAMI, FL 3323			Title: Name: Address: City-St-Zip:	CEO (X) HANKERSON, R 4920 N W 182N MIAMI, FL 3305	D ST	
Title: Name: Address: City-St-Zip:	T () MCCRAY, BETT PO BOX 1121 DANIA BEACH, I			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S () COBB, BARBAR P.O. BOX 38196 MIAMI, FL 3323	51		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () GANT, WILLIE 4 4220 NW 182 S MIAMI, FL 3305	TREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HANKERSON, R P. O. BOX 3819 MIAMI, FL 3323	61		Title: Name: Address: City-St-Zip:	P (X) EDWARDS, CHI P. O. BOX 3819 MIAMI, FL 3323	61	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () LEWIS, LILLIE P.O. BOX 38196 MIAMI, FL 3323		

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HANKERSON CEO 04/14/2007