

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Oct 01, 2004 8:00 am
Secretary of State

09-14-2004 90002 032 ***550.00

DOCUMENT # P99000062682

1. Entity Name
LUALCA GROUP, INC.



Principal Place of Business

**5041 S.W. 148 PL.
MIAMI, FL 33185 US**

Mailing Address

**P.O. BOX 836703
MIAMI, FL 33283-6703 US**

DO NOT WRITE IN THIS SPACE



09092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0935038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARKOVICH, CARMEN
5041 S.W. 148 PL.
MIAMI, FL 33185**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | D. |
| NAME | MARKOVICH, CARMEN |
| STREET ADDRESS | 5041 S.W. 148 PL. |
| CITY - ST - ZIP | MIAMI, FL 33185 |
| TITLE | D. |
| NAME | MARVOVICH, ALBERTO |
| STREET ADDRESS | 5041 S.W. 148 PL. |
| CITY - ST - ZIP | MIAMI, FL 33185 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/04 305-776-6730

Date

Daytime Phone #



Attachment
660434357

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 15, 2004

LUALCA GROUP, INC.
PO BOX 836703
MIAMI, FL 33283-6703 US

Subject: LUALCA GROUP, INC.

Reference Number: P99000062682

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/st

ANNUAL REPORTS SECTION