2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

Make check payable to Florida Dept of State

DOCUMENT # P01000017242

1. *Entity Name*
LUCKY DIAMOND INC

Principal Place of Business	Mailing Address
431 N 25TH STREET FT. PIERCE, FL 34947	369 SW NORTH SHORE BLVD PORT ST LUCIE, FL 34986

03062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085192
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RATUPPANANT, TASSANAPORN
369 SW NORTH SHORE BLVD
PORT ST LUCIE, FL 34986

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000277213
03/26/05-80021-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RATUPPANANT, SOMBAT
STREET ADDRESS	369 SW NORTH SHORE BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	VPD
NAME	RATUPPANANT, TASSANAPORN
STREET ADDRESS	369 SW NORTH SHORE BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: TASSA NAPORN RATUPPANANT 3-05 (772) 2400988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #