2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90037 015 ***150.00

DOCUMENT # P03000148850

1. Entity Name
LUCKY ORIENTAL MART, INC.

Principal Place of Business
8356 SW 40 ST
SUITE D-1
MIAMI FL 33129

Mailing Address
8356 SW 40 ST
SUITE D-1
MIAMI FL 33129

MOORE CR2E034 (11/03)

2. Principal Place of Business: 8356 SW 40 ST
Suite, Apt. #, etc.: SUITE D-I
City & State: MIAMI, FL
Zip: 33155 Country: MIAMI-DADE

3. Mailing Address: 8356 SW 40 ST.
Suite, Apt. #, etc.: SUITE D-I
City & State: MIAMI, FL
Zip: 33155 Country: Miami-Dade

4. FEI Number 81-0640779 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA TORRIENTE, COSME J ESQ
155 SW 25TH RD
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHEONG, YAN CHU		NAME	
STREET ADDRESS	8356 SW 40 ST SUITE D-1		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LI, DONG HUA		NAME	
STREET ADDRESS	8356 SW 40 ST SUITE D-1		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Yan Chu Cheong 03/23/04 PRESIDENT YAN CHU CHEONG 305-220-2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #