
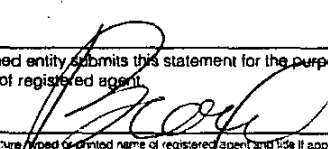
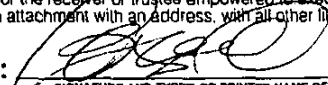


FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90023 039 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000157765			
1. Entity Name 2 LUCKY, INC.			
Principal Place of Business 2748 NE 16TH STREET FORT LAUDERDALE, FL 33304		Mailing Address 2748 NE 16TH STREET FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # 3914		3. Mailing Address	
Suite, Apt. #, etc. C		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State	
Zip 33308		Country USA	
4. FEI Number 20-8157174		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCON, SIRILUK 2748 NE 16TH STREET FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name BOND SOWANNASY Street Address (P.O. Box Number is Not Acceptable) 3914 NORTH OLOLAN BOULEVARD (A1A) City FORT LAUDERDALE, FL Zip Code 33308	
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 04-22-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	ARCON, SIRILUK 2748 NE 16TH STREET FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	
TITLE DVST	SUEBSAILA, NONGLAK 2748 NE 16TH STREET FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME BOND SOWANNASY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 4204 NW 88 AV APT 109
CITY-ST-ZIP			CITY-ST-ZIP SUNRISE, FL 33351
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME VILAYVANH SOWANNASY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 4204 NW 88 AV APT 109
CITY-ST-ZIP			CITY-ST-ZIP SUNRISE, FL 33351
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE 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 exemptions contained 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 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 of the state 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: 		DATE 04 22 08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40099732



04212008 Chg-P CR2E034 (12/06)