

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058141

Entity Name: LUCKEY'S MOTEL, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2860 MARINA MILE BLVD
119
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2860 MARINA MILE BLVD
STE 119
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0433559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANJAYKUMAR, PATEL
2860 MARINA MILE BLVD
119
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, SANJAYKUMAR J
Address: 2860 MARINA MILE BLVD, STE 119
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP/S () Delete
Name: PATEL, SADHANA
Address: 2860 MARINA MILE BLVD, STE 119
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SADHANA PATEL

VP

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date