
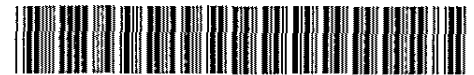


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # G38097</b>  |  |   |   |
| 1. Entity Name<br><b>LADY LUCK III, INC.</b>  |  |  |   |
| Principal Place of Business<br><b>11508 NW 20TH CT<br/>CORAL SPRINGS FL 33071</b>   |  | Mailing Address<br><b>11508 NW 20TH CT<br/>CORAL SPRINGS FL 33071</b>  |   |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 5. Name and Address of Current Registered Agent<br><b>GOLDBERG, JODY<br/>11508 NW 20TH CT<br/>POMPAN BEACH FL 33071</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | P<br>GOLDBERG, JODY<br>11508 NW 20TH CT<br>CORAL SPRINGS FL 33071<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000618046</b><br><b>02/07/07-80011-025 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | V<br>RUBENS, TRACY<br>1363 NW 121 AVE<br>PLANTATION FL 33323<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | S<br>GOLDBERG, JAY<br>11508 NW 20TH CT<br>CORAL SPRINGS FL 33071<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | D<br>RUBENS, RONALD<br>1363 NW 121 AVE<br>PLANTATION FL 33323<br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2297654** Applied For ☐ Not Applied ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:**

*Jody Goldberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JODY GOLDBERG**

**1/21/07 954-345-982**  
Date Daytime Phone #