3

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90026 021 ***138.75

DOCUMENT # L01000006593

1. Entity Name
LUCKY START COMMERCIAL, LLC

Principal Place of Business	Mailing Address
12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186	12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14261 SW 120th Street Suite # 113 Miami, FL 33186	14261 SW 120th Street Suite # 113 Miami, FL 33186

4. FEI Number 80-0004945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALCSTENA, ANTONIO 12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186	Name 14261 SW 120 ST, STE 113 Miami, FL 33186

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 $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABAL INVESTMENTS CORPORATION 12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERBEN INVESTMENTS, INC. 12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VENAMERICA TRADERS INC. 832 CORAL WAY CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 04/11/08 305-5980053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #