


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006594 1. Entity Name LUCKY START PROFESSIONAL, LLC	
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1st MOORE CR2E083 (10/04)

Principal Place of Business 12515 N. KENDALL DRIVE, SUITE 328 MIAMI FL 33186	Mailing Address 12515 N. KENDALL DRIVE, SUITE 328 MIAMI FL 33186
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 80-0004939	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BALESTENA, ANTONIO 12515 N. KENDALL DR., SUITE 328 MIAMI FL 33186	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	ABAL INVESTMENTS CORPORATION			NAME			
STREET ADDRESS	12515 N. KENDALL DR., SUITE 328			STREET ADDRESS			U00000263415
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP			03/14/05-80093-012 55.00
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	FERBEN INVESTMENTS, INC.			NAME			
STREET ADDRESS	12515 N. KENDALL DR., SUITE 328			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	VENAMERICA TRADERS INC.			NAME			
STREET ADDRESS	832 CORAL WAY			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 03/14/05 DAYTIME PHONE #: 305 598 0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE