


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 13 AM 8: 15

<b>DOCUMENT # L01000006594</b> 1. Entity Name <b>LUCKY START PROFESSIONAL, LLC</b>	
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Principal Place of Business <b>12515 N. KENDALL DRIVE, SUITE 328 MIAMI, FL 33186</b>	Mailing Address <b>12515 N. KENDALL DRIVE, SUITE 328 MIAMI, FL 33186</b>
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2. Principal Place of Business - No P.O. Box # <b>14261 SW 120<sup>TH</sup> STREET SUITE# 113 MIAMI, FL 33186</b>	3. Mailing Address <b>14261 SW 120<sup>TH</sup> STREET SUITE# 113 MIAMI, FL 33186</b>
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04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>80-0004939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BALESTENA, ANTONIO 12515 N. KENDALL DR., SUITE 328 MIAMI, FL 33186</b>	7. Name and Address of New Registered Agent Name <b>14261 SW 120 ST, STE 113 Miami, FL 33186</b>
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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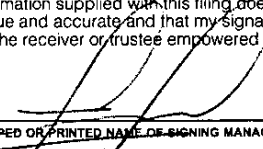
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAL INVESTMENTS CORPORATION 12515 N. KENDALL DR., SUITE 328 MIAMI, FL 33186	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERBEN INVESTMENTS, INC. 12515 N. KENDALL DR., SUITE 328 MIAMI, FL 33186	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENAMERICA TRADERS INC. 832 CORAL WAY CORAL GABLES, FL 33134	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <b>04/10/08</b>	Daytime Phone # <b>305 5980063</b>
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