2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90046 020 ****50.00 DOCUMENT # L04000088805 1. Entity Name LUCKYS TRADING, LLC 400ac Principal Place of Business Mailing Address 5326 NW 190 STREET 5326 NW 190 STREET OPA LOCKA, FL 33055 OPA LOCKA, FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number 30-0297686 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHENG, JIAN HUI Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD **SUITE 205** AVENTURA, FL 33180 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete ☐ Change ☐ Addition HUI ZHENG, JIAN NAME NAME STREET ADDRESS 5326 NW 190 STREET STREET ADDRESS OPA LOCKA, FL 33055 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change 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.

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

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