


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90173 034 ****50.00

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|---------------------------------------|--|---|
| DOCUMENT # L04000088805 | |  |
| 1. Entity Name LUCKYS TRADING, LLC | | |

| | |
|--|--|
| Principal Place of Business 5326 NW 190 STREET OPA LOCKA, FL 33055 | Mailing Address 5326 NW 190 STREET OPA LOCKA, FL 33055 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 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 |

40115817



05042007 Chg-LLC CR2E083 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 30-0297686 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ZHENG, JIAN HUI 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by September 14, 2007**

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HUI ZHENG, JIAN 5326 NW 190 STREET OPA LOCKA, FL 33055 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  zheng jian hui

 5/11/07

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

Date

Daytime Phone