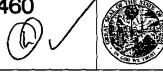
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000

P00000048460

1. Entity Name
LUCKY'S IMPORT CORPORATION



FILED Jul 25, 2003 8:00 am Secretary of State

07-25-2003 90093 041 \*\*\*150.00

|   |   |                             | (m)  |                           |                 |  |   |  |                                  |
|---|---|-----------------------------|--|---------------------------|-----------------|--|---|--|----------------------------------|
| Principal Place of Business<br>10513 GLEAM CT.<br>ORLANDO FL 32836  |   | 10513 GLI                   | Mailing Address<br>10513 GLEAM CT.<br>ORLANDO FL 32836 |                           |                 |  |   |  |                                  |
|   |   |                             |  |                           |                 |  |   |  |                                  |
| 2. Principal F  | Place of Business   | 3. Mailing                  | 3. Mailing Address                                     |                           |                 | {  | ill <b>44</b> 111 <b>46</b> 111 <b>6</b> 11 | ibi ibili bibib b                      | HISH <b>Ha</b> hir H <b>ah</b> i |
| Suite, Apt.   | #, etc.   | Suite, A                    | Suite, Apt. #, etc.                                    |                           |                 | ☐ CHECK HERE IF MAKING CHANGES                     |   |  |                                  |
| City & Star   | te  | City & S                    | City & State   |                           |                 | 4. FEI Number 59-3641426                           | }   | —————————————————————————————————————— | plied For<br>ot Applicable       |
| Zip   | Country   | Zip                         |  | Country                   |                 | 5. Certificate of Status Desired                   |   | 8.75 Add<br>ee Required                |                                  |
|   | 6, Name and Address of Curre                                  | ent Registered A            | gent   | \\                        |                 | 7. Name and Address of New I                       | Registered A                                | gent                                   |                                  |
| ·WU, XIAO PING  |   |                             |  |                           | Name            |  |   |  |                                  |
| _   | EAM CTS:  |                             | Street Address (I                                      |                           |                 | P.O. Box Number is Not Acceptable)                 |   |  |                                  |
| ORLANDO FL 32836  |   |                             |  |                           |                 |  |   |  |                                  |
|   |   |                             |  | City                      |                 |  | FL  | Zip Code                               |                                  |
| 8. The above the obligat  | named entity submits this statemer tions of registered agent. | t for the purpose           | of changing its re                                     | gistered office           | or register     | ed agent, or both, in the State of Fl              | orida. I am fa                              | miliar with, a                         | and accept                       |
| T.  |   |                             |  |                           |                 |  | *   |  |                                  |
| SIGNATURE   | Signature, typed or printed name of regimered ag              | ent and title if applicable | e. (NOTE: F  | legistered Agent sig      | nature required | when reinstating)                                  | DATE  |  | <del></del>                      |
| FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State |   |                             |  |                           |                 | 9. Election Campaign Fi<br>Trust Fund Contribution | nancing                                     | \$5.0<br>Added                         | May Be                           |
| 10.   | OFFICERS A  | ND DIRECTORS                | <del> </del>   | 11.                       |                 | ADDITIONS/CHANGES TO OF                            | ICERS AND                                   | DIRECTORS                              | 5 IN 11                          |
| TITLE   | PD STANDARD   |                             | ☐ Delete   | TITLE                     |                 |  |   | Change                                 | Addition                         |
| NAME<br>STREET ADDRESS  | Wu, Xiao:Ping<br>  10513 Gleam Ct.                            |                             |  | NAME<br>STREET ADDRES     | s               |  |   | -                                      | 1                                |
| CITY-ST-ZIP   | ORLANDO FL 32836  | •                           |  | CITY-ST-ZIP               |                 |  |   |  | 1                                |
| TITLE   |   |                             | Delete   | TITLE                     |                 |  |   | ☐ Change                               | Addition                         |
| NAME<br>STREET ADDRESS  |   |                             |  | NAME<br>STREET ADDRES     |                 |  |   |  |                                  |
| CITY-ST-ZIP   |   |                             | ÷  | CITY-ST-ZIP               | °               |  |   |  |                                  |
| TITLE   |   |                             | ☐ Delete   | TITLE                     |                 |  |   | ☐ Change                               | Addition                         |
| STREET ADDRESS  |   | ~                           | ا سارحیسا  | NAME<br>STREET ADDRES     | ر               |  |   |  | 1                                |
| CITY-ST-ZIP   |   |                             |  | CITY-ST-ZIP               | •               |  |   |  |                                  |
| TITLE   |   |                             | ☐ Delete   | TITLE                     | 1               |  |   | Change                                 | ☐ Addition                       |
| NAME  |   |                             |  | NAME                      | .               |  |   |  |                                  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                             | ļ  | STREET ADDRES CITY-ST-ZIP | S               |  |   |  | {                                |
| TITLE   | <u></u>   |                             | ☐ Delete   | TITLE                     | <del>- </del> - | <del></del>  |   | ☐ Change                               | Addition                         |
| NAME  |   |                             |  | NAME                      |                 | •  |   |  |                                  |
| STREET ADDRESS !<br>CITY-ST-ZIP   |   |                             |  | STREET ADDRES             | S               |  |   |  | ĺ                                |
| TITLE   |   |                             | ☐ Delete   | TITLE                     | +               |  |   | ☐ Change                               | Addition                         |
| NAME  |   |                             |  | NAME                      |                 |  |   | Change                                 |                                  |
| STREET ADDRESS CITY-ST-ZIP  |   |                             |  | STREET ADDRES             | S               |  |   |  |                                  |
|   | partify that the information supplied y                       | uith this filing doe        | a pat avalify factly                                   | CITY-ST-ZIP               |                 | ofice 110 07/2VIX Florido Ct-1 A                   | 1.6   | and the state of the                   |                                  |

1. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of tine corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taym Date

Daytime Phone #

Affachment 90146803

## **LUCKY'S IMPORT CORPORATION**

10513 GLEAM CT. ORLANDO, FL 32836

July 22, 2003

Florida Department of State P.O.BOX 6327 Tallahassee, FL 32314

SUBJECT: 2003 UNIFORM BUSINESS REPORT FOR LUCKY'S IMPORT CORPORATION~

DOCUMENT NUMBER: P00000048460

Dear Sir or Madam,

We refer to the above matter. Please note that we did not receive the prior notice for filing 2003 Uniform Business Report. Enclosed please find the check of \$150.00 for 2003 filing fees. It would be highly appreciated if you could kindly waive the penalty.

Thank you.

Yours truly,