

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90013 032 ***550.00

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06082005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000089639 1. Entity Name LUCKY DRAGON ENTERPRISES, INC.					
Principal Place of Business 7171 NORTH STATE ROAD 7 PARKLAND, FL 33067			Mailing Address 7171 NORTH STATE ROAD 7 PARKLAND, FL 33067		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FFI Number 65-1041099	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIN, LISA 7171 NORTH STATE ROAD 7 PARKLAND, FL 33067				7. Name and Address of New Registered Agent 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 filing) DATE _____					
FILE NOW!!! FEE IS \$650.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contributions ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, LISA ☐ Delete 7171 NORTH STATE ROAD 7 PARKLAND, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 659, Florida Statutes, and that my name appears in black ink on this changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lisa Chin</i> SIGNATURE AND TYPED OR PRINTED NAME OF ANY OFFICER OR DIRECTOR			8/29/05 561-487-8480 Date Name		