

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054322

Entity Name: LUCKY GARDEN, INC.

FILED  
Jul 15, 2008  
Secretary of State

## Current Principal Place of Business:

4135 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

## New Principal Place of Business:

## Current Mailing Address:

4135 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

## New Mailing Address:

FEI Number: 59-3723683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAM, TONY  
5367 W. STATE STREET  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAM, TONY  
Address: 5367 W. STATE ST.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete  
Name: ENG, EDWARD  
Address: 550 TRAVIS AVE.  
City-St-Zip: STATEN ISLAND, NY 10314

Title: STD ( ) Delete  
Name: LAM, PUI K  
Address: 5367 W STATE ST.  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY LAM

PRES

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date