2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113064

1. Entity Name

LUCKY PLASTERING CORP.



FILED Feb 15, 2007–08:00 A Secretary of State

Principal Place of Business

Mailing Address

8825 NORTHWEST 151ST TERRACE MIAMI LAKES, FL 33018 8825 NORTHWEST 151ST TERRACE MIAMI LAKES, FL 33018



02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1156018 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its regi	stered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this	applicable. (NOTE. Reg	istered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		S. Election Campaign Financing Trust Fund Contribution. Added to Fees		U00000638099 02/27/07-80002-005 (63.75
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIERA, CARLOS 8825 NORTHWEST 151ST TERRACE MIAMI LAKES, FL 33018			
TITLE NAME	T RIERA MARLENE L			

DO NOT WRITE IN THIS SPACE

STREET ADDRESS 8825 NORTHWEST 151ST TERRACE MIAMI LAKES, FL 33018 CITY-ST-ZP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

12. 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 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 ristee 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 attachagen; with all other like empowered.

SIGNATURE:

YPED OR PRINTE, HAME OF SIGHING OFFICER OR DIRECTOR

(786) 344-9825 Odgimo Probino is