


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

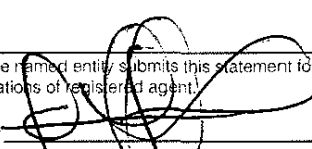
05-07-2004 90134 008 \*\*\*150.00

DOCUMENT # P02000005928		
1. Entity Name LIGHT & LUCKY IMPORT EXPORT INC.		
Principal Place of Business 12983 SW 112 STREET MIAMI, FL 33186		Mailing Address 12983 SW 112 STREET MIAMI, FL 33186
2. Principal Place of Business 15066 SW 56 <sup>th</sup> ST.	3. Mailing Address 15066 SW 56 <sup>th</sup> ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL	
Zip 33185.	Country	Zip 33185 Country

54053493



05042004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0008233		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LACAYO, OSCAR D 12983 SW 112 STREET MIAMI, FL 33186		7. Name and Address of New Registered Agent Name LACAYO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 15066 SW 56 <sup>th</sup> ST. City MIAMI FL Zip Code 33185.
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: 		DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$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 LACAYO, OSCAR D <del>12983 SW 112 STREET</del> MIAMI, FL <del>33186</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15066 SW 56 <sup>th</sup> ST. MIAMI FL 33185.
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
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
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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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

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 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 the empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #