


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000029646 1. Entity Name LUCKY DAY GIFTS, INC.	
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Principal Place of Business 2310 BAESEL VIEW DR ORLANDO, FL 32835	Mailing Address 2310 BAESEL VIEW DR ORLANDO, FL 32835
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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0685039	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KATBEH, WAIL
2310 BAESEL VIEW DR
ORLANDO, FL 32835

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000095764
03/25/04-80001-019-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATBEH, WAIL 2310 BAESEL VIEW DR ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KATBEH, OSAMA 2310 BAESEL VIEW DR ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATBEH, WAFI 2310 BAESEL VIEW DR ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KATBEH, MURAD 2310 BAESEL VIEW DR ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Osama Katbeh **OSAMA KATBEH** 3/19/04 407-339-2632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #