


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90020 013 \*\*\*150.00

<b>DOCUMENT # P02000100284</b> 1. Entity Name <b>LUCKY INTERNATIONAL OF ORLANDO, INC.</b>					
Principal Place of Business <b>7511 SEURAT ST</b> <b>204</b> <b>ORLANDO, FL 32819-7314</b>			Mailing Address <b>7511 SEURAT ST</b> <b>204</b> <b>ORLANDO, FL 32819-7314</b>		
2. Principal Place of Business - No P.O. Box # <b>8056 Bangle Ln</b>		3. Mailing Address <b>8056 Bangle Ln</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando - FL</b>		City & State <b>Orlando - FL</b>		4. FEI Number <b>06-1648596</b>	
Zip <b>32836</b> Country <b>USA</b>		Zip <b>32836</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KESHWANI, ASLAM</b> <b>7511 SEURAT ST</b> <b>204</b> <b>ORLANDO, FL 32819-7314</b>				7. Name and Address of New Registered Agent Name <b>KESHWANI, ASLAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>8056 Bangle Ln</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32836</b>	
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 <u><i>Aslam</i></u> DATE <u>4-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KESHWANI, ASLAM <input checked="" type="checkbox"/> Delete 7511 SEURAT ST 204 ORLANDO, FL 328197314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KESHWANI, ASLAM 8056 Bangle Ln Orlando, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Delete KESHWANI, SHAZIA 7511 SEURAT ST APT 204 ORLANDO, FL 328197314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KESHWANI, SHAZIA 8056 Bangle Ln Orlando - FL 32836	
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	
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 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 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: <u><i>Aslam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-15-07</u> Daytime Phone # <u>321-945-5889</u>		