

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90052 001 \*\*\*150.00

**DOCUMENT # P02000133002**

1. Entity Name

LUCKY'S BICYCLEWORKS, INC.



Principal Place of Business

1900 S. OCEAN BLVD.  
#8-V  
POMPANO BEACH FL 33062

Mailing Address

1900 S. OCEAN BLVD.  
#8-V  
POMPANO BEACH FL 33062

2. Principal Place of Business

Pompano Beach

3. Mailing Address

Pompano Beach

City & State

FL 33069-4310

City & State

FL 33069-4310



MOORE

CR2E034 (11/03)

4. FEI Number

37-1452286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOSEK, BEVERLY J  
1900 S. OCEAN BLVD.  
#8-V  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: Sam Valene  
Street Address (P.O. Box Number is Not Acceptable): 1126 South Bowdoin Road  
City: Pompano Beach FL Zip Code: 33069-4310

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: ~~Director~~ ☐ Delete  
NAME: HOSEK, BEVERLY J  
STREET ADDRESS: 1900 S. OCEAN BLVD.  
CITY-ST-ZIP: POMPANO BEACH FL 33062

TITLE: ☐ Delete  
NAME: Sam Valene, Pres. & Dir.  
STREET ADDRESS: 1126 S. Bowdoin Road  
CITY-ST-ZIP: Pompano Beach, FL 33069

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
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STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

SIGNATURE: Sam Valene, Pres. & Director  
Date: 04/19/04  
Daytime Phone #: (954) 977-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.