

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000095189	
1. Entity Name LUCKY SUPER STORE, INC.	



FILED

05 FEB 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2432 GREENWILL DRIVE ORLANDO, FL 32825	Mailing Address 2432 GREENWILL DRIVE ORLANDO, FL 32825
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2. Principal Place of Business 2400 ALOMA AVENUE Suite, Apt. #, etc.	3. Mailing Address 6017 LAKE MELROSE Suite, Apt. #, etc.
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City & State WINTER PARK FL	City & State ORLANDO FL
Zip 32792	Zip 32829
Country	Country ORANGE



6. Name and Address of Current Registered Agent FONG, DAVID 1221 E. ROBINSTON STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name HUONG K VAN Street Address (P.O. Box Number is Not Acceptable) 2400 ALOMA AVE City WINTER PARK FL Zip Code 32792	
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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 X Huong K. Van	DATE 1/26/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN, HUONG K 2432 GREENWILL DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 6017 LAKE MELROSE DRIVE ORLANDO FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TRAN, TOAN 2432 GREENWILL DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD 6017 LAKE MELROSE DRIVE ORLANDO FL 32829 <input checked="" 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	000047786430 03/07/05--01005--017 ***300.00 <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 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: X Huong K. Van	DATE: 1/26/05