## .2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P04000113294 1. Entity Name 04-07-2006 90034 010 \*\*\*150.00 LUCKY 13 REALTY, INC. Principal Place of Business Mailing Address 5915 PINEBROO'DR 5915 PINEBROOK DR BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 5915 PINEBROOK DR. 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 56-2307121 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 5915 PINEBROOK DR **BOCA RATON FL 33433** Zip Code 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ANDERSON, KEULW L 5915 PINEBROOK OR TITLE ☐ Delete Change TITLE ☐ Addition ANDERSON, KEVIN L NAME STREET ADDRESS 5640 UNIT G COACH HOUSE CIR STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition MARINARO, LYNNE A 5915 PINEBROOK DR. BOCA RATON FL 33433 NAME MARINARO, LYNNE A NAME STREET ADDRESS 5640 UNIT G COACH HOUSE CIR STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MANIE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED