2007 FOR PROFIT CORPORATION **ANNUAL REPORT** •

DOCUMENT # P04000167141

LUCKY 13 HOME INVESTMENTS, INC



FILED Mar 21, 2007 08:00 AM **Secretary of State**

Principal Place of Business

8004 NW 154 STREET

MIAMI LAKES, FL 33016

Mailing Address

8004 NW 154 STREET

#217

MIAMI LAKES, FL 33016



DO NOT WRITE IN THIS SPACE

03172007 No Chg-P CR2E034 (11/05)

4. FÉI Number 20-2009716

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECTOR, RICHARD A **8004 NW 154 STREET** #217 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered or	fice or i	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Age	nt signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	, 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECTOR, RICHARD A 8004 NW 154 STREET #217 MIAMI LAKES, FL 33016				U00000674764 03/29/07-80084-010 158.75
TITLE NAME Street Address City-St-Zip	VP HECTOR, CRISTINA M 8004 NW 154 STREET #217 MIAMI LAKES, FL 33016				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		·			

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 of 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 in against with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16, 2007 305823-5720