


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **904000167141**
1. Entity Name
LUCKY 13 HOME INVESTMENTS, INC



FILED
11 MAY 23 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
8004 NW 18th St #207
Suite, Apt. #, etc. **207**

3. Mailing Address
SAME
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
MIAMI LAKES FL

City & State

Zip **33016** Country **US**

Zip Country

4. FEI Number **20-200 9716** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **PAUL ROCCA**

Street Address (P.O. Box Number is Not Acceptable)
7850 NW 146th ST

SUITE 513

City **MIAMI LAKES FL** Zip Code **33016**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

E-mail Address: **luck13homeinvestments.com**
E-mail address to be used for future annual report notices


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARD HECTOR
STREET ADDRESS	8004 NW 18th ST #207
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	S/O
NAME	CRISTINA HECTOR
STREET ADDRESS	8004 NW 18th ST #207
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/11--010375-020 **158.75

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:  **RICHARD HECTOR, PRES 4/30/11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

5/23/11