

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

4. FEI Number

20-200 9716

Applied For

Not Applicable

Zip

33016

Country

US

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

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
Trust Fund Contribution. Added to Fees

E-mail Address:

luck13homeinvestments.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
RICHARD HECTOR
8004 NW 18th St. #207
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
CRISTINA HECTOR
8004 NW 18th St #207
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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:

[Signature]

RICHARD HECTOR, PRES 4/30/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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