


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # P93000029719	
1. Entity Name LUCKY PALMETTO, INC.	

Principal Place of Business 13105 NW 42 AVE OPA LOCKA, FL 33054	Mailing Address 13105 NW 42 AVE STE. 404 OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P. CR2E034 (11/05)

4. FEI Number 65-0411189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLLAND, BRIAN
13105 NW 42ND AVE
OPA LOCKA, FL 33054

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, BRIAN 13105 NW 42 AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPLIN, WAYNE 13105 NW 42 AVE OPA LOCKA, FL 33054
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02/14/08-80056-024 150.00

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #