

FILED  
Jul 23, 2004 8:00 am  
Secretary of State

7/8/21

07-08-2004 90093 044 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P93000033040**

1. Entity Name  
**LUCKY COMMERCIAL REALTY, INC.**



Principal Place of Business  
**5761 NORTHWEST 37TH AVENUE  
MIAMI, FL 33142**

Mailing Address  
**5761 NORTHWEST 37TH AVENUE  
MIAMI, FL 33142**

66430496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0410515**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGERMAN, MICHAEL  
5761 NORTHWEST 37TH AVENUE  
MIAMI, FL 33142**

Name  
**DADE CORPORATE SERVICE**  
Street Address (P.O. Box Number is Not Acceptable)

**2300 CORAL WAY**

City  
**MIAMI**

FL

Zip Code  
**33145**

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]*

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

(NOTE: Registered Agent signature required when reappointing)

7/16/04

DATE

**FILE NOW! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | PS                                  | <input type="checkbox"/> Delete |
| NAME           | <b>SIGERMAN, MICHAEL</b>            |                                 |
| STREET ADDRESS | <b>23880 SW 124TH AVE.</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL</b>                    |                                 |
| TITLE          | VT                                  | <input type="checkbox"/> Delete |
| NAME           | <b>FLOSHNICK, GARY</b>              |                                 |
| STREET ADDRESS | <b>100 LINCOLN BLVD., UNIT 1447</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI BCH., FL</b>               |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient 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 fee empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

7/6/04

DATE

Signature Phone #



Attachment  
66430496



Individual Membership  
Society of Industrial and  
Office REALTORS®

*"Bringing Relationships to Real Estate"*

July 1, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

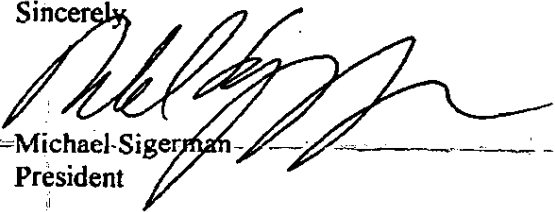
**Re: LUCKY COMMERCIAL REALTY, INC.**  
**Document# P93000033040**

Dear Sir or Madam:

We are in receipt of your Notice Of Intent To Dissolve for the above-mentioned corporation. Please accept this letter as confirmation that our office never received a notification of renewal for the above mentioned corporation. I have downloaded the form and enclosed it with our check in the amount of \$158.75. Please waive the penalty for untimely filing due to non-receipt of your notification.

Thank you for your consideration.

Sincerely,

  
Michael Sigerman  
President