# **2008 FOR PROFIT CORPORATION**

### **ANNUAL REPORT**

DOCUMENT # P93000065200

1. Entity Name LUCKY 33, INC.



Mailing Address

Principal Place of Business 13105 NW 42 AVE OPA LOCKA, FL 33054

13105 NW 42 AVE OPA LOCKA, FL 33054

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



#### DO NOT WRITE IN THIS SPACE

01152008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0439196

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

#### DO NOT WRITE IN THIS SPACE

Date

Daviime Phone #

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 agent argument when reinstating)  DA1E					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
HITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, BRIAN 13105 NW 42 AVE OPA LOCKA, FL 33054			•	U00000816610
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/14/08-80056-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				r.	
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or Justice 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 appears with all other like empowered.					

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR