FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90426 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 940000 25511				
LUCKY Fashion of Miami, Inc.			70054457	
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 2701 N.W. 5 th Av. Suite, Apt. #, etc.	N.W. 5" Ava		DO NOT WRITE IN THIS SPACE	
City & State Miami, FL Zip Country Country CA	City & State	Country		Applied For Not Applicable 8.75 Additional see Required
DO NOT W	7. Name and Address of Current Registered Agent Name 0, Chong oung Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE 16408 Sapphile Dr				
8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE SIGNATURE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 M After May Amendac	ay.11 Fee is \$150.00 11 Fee is \$550.00 10 BR is \$51.25 10 Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS TITLE DIPIS NAME 90, Chong Young STREET ADDRESS 16408 Sapphica Dr		MILE. NAME STREET AUDRESS		
CHY-SI-ZIP Weston, TL. TITLE NAME STREET ADDRESS CHY-SI-ZIP	3333]	THILE NAME STREET ADDRESS CITY-ST-7/IP		
TITLE NAME STREET ADDRESS CITY ST-ZIP		STRET ADORESS CITY ST, PP		
TITLE NAME STREET ADDRESS CITY: ST-ZIP		TITLE NAME STREET ADDRESS C CITY; ST. 7/P	IN THIS SPAC	
TIFLE NAME STREET ADDRESS CITY:SE-7/IP		MILE NAME NAME STREET ADDRESS CITY ST 7/IP		
TITLE NAME STREET ADDRESS CITY-ST-7IP		NAME STREET ADDRESS CITY ST ZPA		
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				
SIGNATURE: 4 25 03				