

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052342

1. Entity Name
LUCKY RNRJ CORPORATION



Principal Place of Business
**2468 BELLAIR RD
 CLEARWATER FL 33764
 US**

Mailing Address
**2468 BELLAIR RD
 CLEARWATER FL 33764
 US**



2. Principal Place of Business
 Suite, Apt. #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc
 City & State
 Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number **59-3420876**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**QASSAM, ABDUL RAHIM
 2468 BELLAIR RD
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **QASSAM, ABDUL RAHIM**
 STREET ADDRESS **2468 BELLAIR RD**
 CITY, ST, ZIP **CLEARWATER FL 33764**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE Delete
 NAME **QASSAM, NILOFER**
 STREET ADDRESS **2468 BELLAIR RD**
 CITY, ST, ZIP **CLEARWATER FL 33764**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE Change Addition
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TITLE Change 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)(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 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: *Abdul Rahim Qassam*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 727 5412-5481
 Date Daytime Phone #