

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000089264

1. Entity Name
LUCKY START/BEST UNION MANAGEMENT, CO.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 9:16

Principal Place of Business
12515 NO KENDALL DRIVE STE 328
MIAMI, FL 33186

Mailing Address
12515 NO KENDALL DRIVE STE 328
MIAMI, FL 33186



2. Principal Place of Business - No P.O. Box #
14261 SW 120TH STREET
SUITE# 113
MIAMI, FL 33186

3. Mailing Address
14261 SW 120TH STREET
SUITE# 113
MIAMI, FL 33186

04012008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0713084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, MARIA P ESQ.
1570 MADRUGA AVE. STE 214
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name
14261 SW 120 ST, STE 113
Miami, FL 33186

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 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. ☐

\$5.00 May Be
Added to Fees

600128802946
05/08/08--01014--009 **705.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BALESTENA, ANTONIO
12515 NO KENDALL DRIVE STE 328
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPST
FERNANDEZ, JORGE LUIS
832 CORAL WAY
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FERNANDEZ, LUIS
832 CORAL WAY
CORAL GABLES, L ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14261 SW 120 ST, STE 113
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

09/11/08

305-5980053

Daytime Phone #

FL 113 00