

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000095540

1. Entity Name
LUCKY FOOD, INC.



Principal Place of Business
1537 SHADY OAK DRIVE
KISSIMMEE, FL 34744

Mailing Address
1537 SHADY OAK DRIVE
KISSIMMEE, FL 34744

FILED
May 03, 2007 08:00 A
Secretary of State



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3412385	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAPADIA, ANIL
1537 SHADY OAK DRIVE
KISSIMMEE, FL 34744

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000759311
05/24/07-80037-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	KAPADIA, ANIL
STREET ADDRESS	1537 SHADY OAK DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744

TITLE	VTD
NAME	KAPADIA, NILKANTH
STREET ADDRESS	1537 SHADY OAK DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/07 407-854-7600