

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90044 003 \*\*\*150.00

DOCUMENT # P96000096228					
<b>1. Entity Name</b> LUCKY WU CORPORATION					
<b>Principal Place of Business</b> 1744-48 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024			<b>Mailing Address</b> 1744-48 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  WU, BEN R - 7766 NW 49 CT PEMBROKE PINES, FL 33024				<b>7. Name and Address of New Registered Agent</b> Name: <b>GUO SHENG JIANG</b> Street Address (P.O. Box Number is Not Acceptable): <b>1744-48 N. UNIVERSITY DRIVE</b> City: <b>PEMBROKE PINES</b> FL Zip Code: <b>33024</b>	
<b>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.</b> SIGNATURE:  DATE: <b>5/27/08</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WU, BEN RONG		NAME		
STREET ADDRESS	7766 NW 49 CT		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33024		CITY - ST - ZIP		
TITLE	BO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WU, AI SHAO		NAME		
STREET ADDRESS	7766 NW 49 CT		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33024		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>PD GUO SHENG JIANG</b>	
STREET ADDRESS			STREET ADDRESS	<b>4850 SW 63 TERR, #131</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>DAVIE, FL 33314</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SD XIU JUAN LIU</b>	
STREET ADDRESS			STREET ADDRESS	<b>4850 SW 63 TERR, #131</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>DAVIE, FL 33314</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>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.</b>					
SIGNATURE: 			Date: <b>5/27/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		