2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 05, 2007 8:00 am Secretary of State **DOCUMENT # P97000100351** 02-05-2007 90082 001 ***150 00 1. Entity Name **LUCKY WONG CORPORATION** Principal Place of Business Mailing Address **7** ~ 5664 WASHINGTON ST **5741 BUCHANAN STREET** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0799475 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WONG, CHUN KEI 18999 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 205** NORTH MIAMI BEACH, FL 33180 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD T#T1 F ☐ Delete ☐ Change ☐ Addition WONG, CHUN KEI NAME NAME STREET ADDRESS **5741 BUCHANAN STREET** STREET ADDRESS CITY-ST-7/P HOLLYWOOD, FL 33021 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WONG, LYNN U NAME STREET ADDRESS **5741 BUCHANAN STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP ☐ Delete TITLE 1ITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.