


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000050654

1. Entity Name
LUCK'S HOSPITALITY, INC.



Principal Place of Business Mailing Address

**240 WEST OAKLAND PARK BLVD
 FORT LAUDERDALE, FL 33311** **240 WEST OAKLAND PARK BLVD
 FORT LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0846081 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
 C/O JEFFREY M. PERLOW & ASSOCIATES PA
 18901 NE 29TH AVE., SUITE 100
 AVENTURA, FL 33180**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PATEL, SANJAYKUMAR J 240 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PATEL, SADHANA 240 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 |
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 02/18/05-80053-021 150.00

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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: *[Signature]* **2/15/05** **954-4249889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #