

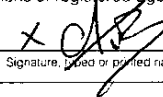
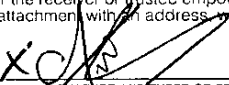


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90001 050 \*\*\*150.00

<b>DOCUMENT # P99000030031</b> 1. Entity Name <b>LUCKY 7 #5, INC.</b>					
Principal Place of Business <b>19717 NW 37TH AVENUE OPA LOCKA, FL 33056-2250</b>				Mailing Address <b>19717 NW 37TH AVENUE OPA LOCKA, FL 33056-2250</b>	
2. Principal Place of Business <b>19717 NW 37 AVE</b>		3. Mailing Address <b>19717 NW 37 AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02172006    Chg-P    CR2E034(11/05)	
City & State <b>MIAMI GARDEN FL</b>		City & State <b>MIAMI GARDEN FL</b>		4. FEI Number <b>65-0914445</b>	
Zip <b>33056</b>		Zip <b>33056</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADEEL, MUHAMMAD-IQBAL 19717 NW 37TH AVENUE OPA LOCKA, FL 33056</b>				7. Name and Address of New Registered Agent Name <b>ADEEL M. IQBAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>19717 NW 37 AVE</b> City <b>MIAMI GARDEN FL</b> Zip Code <b>33056</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.  SIGNATURE:  <b>ADEEL M. IQBAL PRESIDENT 2-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADEEL, MOHAMMAD-IQBAL 19717 NW 37 AVE. OPA LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADEEL M. IQBAL 19717 NW 37 AVE MIAMI GARDEN FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IQBAL SACHWANI, MOHAMMED 19717 NW 37 AVE. OPA LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOHAMMED IQBAL SACHWANI 19717 NW 37 AVE MIAMI GARDEN, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>ADEEL M. IQBAL 2-17-06 305-623-1381</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		