


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90002 033 ***550.00

DOCUMENT # F94000002481

1. Entity Name
LADSTOCK FIRST CORPORATION



Principal Place of Business Mailing Address

901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD.
7TH FLOOR 7TH FLOOR
CORAL GABLES FL 33134 CORAL GABLES FL 33134
US US

54056918



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-3153587** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** 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 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 reinstating)

FILE NOW!!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOBLE, MICHAEL J	
STREET ADDRESS	MAPLE CT CENTRAL PARK REEDS CRESCENT	
CITY-ST-ZIP	WATFORD HE	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIERMAN, E P	
STREET ADDRESS	901 PONCE DE LEON BLVD STE 700	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLINGALL, ROBERT	
STREET ADDRESS	MAPLE COURT CENTRAL PARK REEDS CRESCENT	
CITY-ST-ZIP	WATFORD HE	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VESLENO, ERLINDA	
STREET ADDRESS	901 PONCE DE LEON BLVD STE 700	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Paul Lierman** **6/2/04** **305-444-6811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #