## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Mar 29, 2004 8:00 am Secretary of State **DOCUMENT # P00000094931** 03-29-2004 90022 031 \*\*\*150.00 1. Entity Name **LUDI CORPORATION** Principal Place of Business Mailing Address 54023170 23337 SW 61ST AVENUE 23337 SW 61ST AVENUE BOCA RATON, FL 33428-7618 BOCA RATON, FL 33428-7618 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1047061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVERMAN, LOU DO NOT WRITE 23337 SW 61ST AVENUE #D IN THIS SPACE BOCA RATON, FL 33428 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SILVERMAN, LOU NAME STREET ADDRESS 23337 SW 61ST AVENUE BOCA RATON, FL 334287618 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 4