

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90392 002 \*\*\*150.00

DOCUMENT # P99000042997

1. Entity Name  
 LUDIAN INVESTMENT CORPORATION



Principal Place of Business  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI, FL 33131

Mailing Address  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI, FL 33131



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0918877** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CASTILLO, ALVARO B P.A.  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	DE HOFFMAN, HUGO A
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PT
NAME	DE HOFFMAN, PATRICIA L
STREET ADDRESS	1390 BRICKELL AVE #200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	FLEISCHHEKER, CINTHYA M
STREET ADDRESS	1390 BRICKELL AVE #200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Hugo de Hoffman* 3-25-04 (305) 371-5540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hugo de Hoffman Date Daytime Phone #  
Vice President