


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 A
Secretary of State

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
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ 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, 2006 Fee will be \$350.00**

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

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 05/10/06-80108-010 150.00

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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: *Alvaro Castillo* **ALVARO CASTILLO BE HCC COMPANY** APRIL 20th 2006 786-264-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #