


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # P99000042997</b>	
1. Entity Name <b>LUDIAN INVESTMENT CORPORATION</b>	

Principal Place of Business <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>	Mailing Address <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>
--	--



04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0918877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

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	

U00000719151  
 05/01/07-80052-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Hugo A De Hoffman* **HUGO A DE HOFFMAN DIRECTOR 4/16/07 786-264-1905**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #