


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**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>
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04132008 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</b> Additional Fee Required

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2009 Fee will be \$550.00**

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

U00000902123  
04/29/08-80096-002 150.00

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	

**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: *[Handwritten Signature]* DIRECTOR

APRIL 10 '2008