2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2008 8:00 am Secretary of State

ANNUAL KEPUK I					O4			
DOCUMENT # 360305					Secretary of State 02-22-2008 90012 011 ***150.00			
1. Entity Name LAUDANIA OCEAN TERMINAL, INC.					02-22-2006 30	012 011 13	0.00	
Principal Place of Business Mailing Address								
C/O CROUCH & MINER PA		PO BOX 292708						
1001 N FEDERAL HIGHWAY SUITE 303 HALLANDALE, FL 33009 US		DAVIE, FL 33329-2708 US						
INLLANDAL	L, FL 33003 03				a a a a a a a a a a a a a a a a a a a	mmmmm	N CHINH N N A 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042008	Chg-P	CR2E034 (12/0	06)	
City & State		City & State			4. FEt Number Applied For 59-1316134 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CROUCH, S. LEE			Name	Name				
1001 N. FEDERAL HIGHWAY			Street A	ddress (P.O. Box Numb	per is Not Acceptable	∍)		
SUITE 206 HALLANDALE, FL 33009								
	, 12, 12 00000		City		<u> </u>	F Zip (Code	
9. The above named entity submits this statement for the purpose of aboveing its variety.				F La .				
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) DATE								
	E NOW!!!: FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	J CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Chan	ige Addition	
- NAME STREET ADDRESS	LUNDGREN, RICHARD N 6205 6W 108TH STREET		NAME CERTEL ADDRESS	9875 SW69	l CT			
CITY-ST-ZIP	MIAMI EL 33156	>	STREET ADDRESS	PINECREST, F				
TITLE,	SD	☐ Delete	TITLE	יייים ביופטרי, ד	<u> </u>	Chan	ige Addition	
NAME	CROUCH, S. LEE	_	NAME	:				
STREET ADDRESS CITY-ST-ZIP	5260 S. LANDINGS DRIVE #704 FT. MYERS, FL 33919	,	STREET ADDRESS CITY-ST-ZIP	:				
TITLE	71. WILLYO, FL 33919	☐ Delete	TITLE		·	Chan	ge Addition	
NAME		C) Delete	NAME			Chan	in Maniting	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		☐ Delete	CITY-ST-ZIP	<u> </u>		Chee	an Diddition	
NAME		L. Deisie	TITLE NAME			Chan	ige 🔲 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	ļ				
TITLE NAME	,	☐ Delete	TITLE NAME			☐ Char	ege 🔲 Addition	
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP .			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	1		☐ Char	ge 🔲 Addition	
NAME " STREET ADDRESS			NAME STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATCH THE OF PRINTED AND THE OF SIGNING OFFICER OR DIRECTOR

2-10-08

305-667-1048