

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 049 ***150.00

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1. Entity Name
LUDLUM CORPORATION

Principal Place of Business Mailing Address
231 ALTARA AVE **231 ALTATA AVE**
CORAL GABLES, FL 33146 US **CORAL GABLES, FL 33146 US**

54037502



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04172004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-1918635 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FERNANDEZ, HERMINIA CPA
231 ALTARA AVE
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	DP SHULEVITZ, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3,	
TITLE NAME	DVPS SHULEVITZ, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3,	
TITLE NAME	DT SHULEVITZ, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME	DVP SHULEVITZ, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS	4747 COLLINS AVE., #1008	
CITY-ST-ZIP	MIAMI BCH., FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	231 ALTARA AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE NAME		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	231 ALTARA AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	231 ALTARA AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	231 ALTARA AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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: William Shulevitz **WILLIAM SHULEVITZ, PRES.** 4/17/04 305-448-1648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #