


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90010 034 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # 647640</b><br>1. Entity Name<br><b>LUDECA, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>1425 N.W. 88TH AVE.<br/>MIAMI FL 33172<br/>US</b>  |  |  | Mailing Address<br><b>1425 N.W. 88TH AVE.<br/>MIAMI FL 33172<br/>US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   | 4. FEI Number <b>59-1991501</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>Not Applicable       </div>                         |  |
| Zip  | Country  | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LUDEKING, HEINZ<br/>1425 N.W. 88TH AVE.<br/>MIAMI FL 33172</b>  |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small> |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  | 9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution <input type="checkbox"/> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>SEIDENTHAL, DIETER<br/>13024 SW 115TH TERR<br/>MIAMI FL</b>                                 | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VICE PRESIDENT<br/>SEIDENTHAL, DIETER<br/>13024 SW 115TH TERRACE<br/>MIAMI, FLORIDA 33186</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PRESIDENT<br/>HEINZ WEDEKING<br/>1425 NW 88TH AVENUE<br/>DORAL, FLORIDA 33172</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SECRETARY/TREASURER<br/>MARITIME H. LUDEKING<br/>1425 NW 88TH AVENUE<br/>DORAL, FLORIDA 33172</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_