
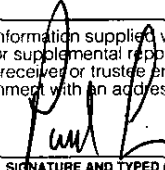


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90002 031 \*\*\*550.00

|   |                                     |         |   |  |  |
|---|-------------------------------------|---------|---|--|--|
| <b>DOCUMENT # F94000002480</b><br>1. Entity Name<br><b>LADSTOCK HOLDING CORPORATION</b>   |                                     |         |   |   |  |
| Principal Place of Business<br><b>901 PONCE DE LEON BLVD<br/>7TH FLOOR<br/>CORAL GABLES FL 33134<br/>US</b>   |                                     |         | Mailing Address<br><b>901 PONCE DE LEON BLVD<br/>7TH FLOOR<br/>CORAL GABLES FL 33134<br/>US</b>                     |  |  |
| 2. Principal Place of Business  |                                     |         | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |                                     |         | Suite, Apt. #, etc.   |  |  |
| City & State  |                                     |         | City & State  |  |  |
| Zip   |                                     | Country |   | Zip  |  |
|   |                                     |         |   | Country  |  |
| 6. Name and Address of Current Registered Agent   |                                     |         |   | 7. Name and Address of New Registered Agent  |  |
| <b>UNITED CORPORATE SERVICES INC<br/>9200 SOUTH DADELAND BLVD.<br/>SUITE 508<br/>MIAMI FL 33156-0000</b>  |                                     |         |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |  |
| 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 _____   |                                     |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                     |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |                                     |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | VPT <input type="checkbox"/> Delete |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MOONEY, ADRIAN                      |         | NAME  |  |  |
| STREET ADDRESS  | 901 PONCE DE LEON BLVD SUITE 700    |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33134                      |         | CITY-ST-ZIP   |  |  |
| TITLE   | P <input type="checkbox"/> Delete   |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | FRIEDMAN, HOWARD                    |         | NAME  |  |  |
| STREET ADDRESS  | 901 PONCE DE LEON BLVD 7TH FLOOR    |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CORAL GABLES FL                     |         | CITY-ST-ZIP   |  |  |
| TITLE   | VPS <input type="checkbox"/> Delete |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | LIERMAN, PAUL                       |         | NAME  |  |  |
| STREET ADDRESS  | 901 PONCE DE LEON BLVD 7TH FLOOR    |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CORAL GABLES FL                     |         | CITY-ST-ZIP   |  |  |
| TITLE   | AT <input type="checkbox"/> Delete  |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | VESLENO, ERLINDA                    |         | NAME  |  |  |
| STREET ADDRESS  | 901 PONCE DE LEON BLVD 7TH FLOOR    |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CORAL GABLES FL                     |         | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete     |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                     |         | NAME  |  |  |
| STREET ADDRESS  |                                     |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                     |         | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete     |         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                     |         | NAME  |  |  |
| STREET ADDRESS  |                                     |         | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                     |         | 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. |                                     |         |   |  |  |
| <b>SIGNATURE:</b>  <b>Paul Lierman</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                     |         | 6/2/04 <b>305-444-6811</b><br><small>Date Daytime Phone #</small>   |  |  |

**54056920**



MOORE CR2E034 (11/03)

4. FEI Number **13-3111964** Applied For ☐ Not Applicable ☐

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