

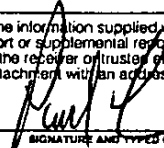
2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-21-2006 90020 047 ***150.00
F94000002480

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STATE OF FLORIDA

DOCUMENT # F94000002480					
1. Entity Name LADSTOCK HOLDING CORPORATION HIC					
Principal Place of Business 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US			Mailing Address 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3111964	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES INC 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOLONEY, ADRIAN		NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	FRIEDMAN, HOWARD		NAME	Barlow, Simon	
STREET ADDRESS	901 PONCE DE LEON BLVD 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ 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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VESELENO, ERLINDA		NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: 		Paul Lierman		3/14/06 305-444-6811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					