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

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000002480

1. Entity Name
~~LADSTOCK~~ HOLDING CORPORATION
HIC

FILED
06 MAR 23 AM 8:45
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US	901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US

01172006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES INC 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MOLONEY, ADRIAN 901 PONCE DE LEON BLVD SUITE 700 MIAMI, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~FRIEDMAN, HOWARD~~ 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barlow, Simon	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS LIERMAN, PAUL 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT VESLENO, ERLINDA 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/29	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 3/16/06 305-444-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #