


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

06-07-2004 90002 032 ***550.00

DOCUMENT # F94000002482

1. Entity Name
LADSTOCK SECOND CORPORATION



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 GBALE S 33134
 US**

54056919



MOORE CR2E034 (11/03)

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 Applied For

13-3153590 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> Delete |
| NAME | NOBLE, JEREMY MICHAEL | |
| STREET ADDRESS | MAPLE CT CENTRAL PARK REEDS CRESCENT | |
| CITY-ST-ZIP | WATFORD HE | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LIERMAN, E P | |
| STREET ADDRESS | 901 PONCE DE LEON BLVD STE 700 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BALLINGAL, ROBERT | |
| STREET ADDRESS | CHANCEL HOUSE NEASDEN LANE | |
| CITY-ST-ZIP | LONDON NW102XE UK | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | VESLENO, ERLINDA | |
| STREET ADDRESS | 901 PONCE DE LEON BLVD, STE 700 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: Paul Lierman **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Paul Lierman 6/2/04 305-444-6811

Daytime Phone #