
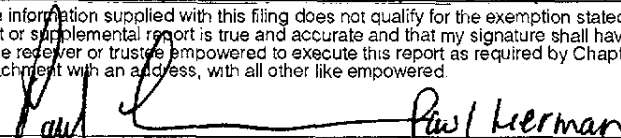


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

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 GABLES S 33134 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-3153590			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DPS <input type="checkbox"/> Delete	TITLE	000011280553 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/30/05-80026-006 150.00				
NAME	NOBLE, JEREMY MICHAEL	NAME					
STREET ADDRESS	MAPLE CT CENTRAL PARK REEDS CRESCENT	STREET ADDRESS					
CITY-ST-ZIP	WATFORD HE	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE					
NAME	LIERMAN, E P	NAME					
STREET ADDRESS	901 PONCE DE LEON BLVD STE 700	STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE					
NAME	BALLINGAL, ROBERT	NAME					
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	STREET ADDRESS					
CITY-ST-ZIP	LONDON NW102XE UK	CITY-ST-ZIP					
TITLE	AT <input type="checkbox"/> Delete	TITLE					
NAME	VESENO, ERLINDA	NAME					
STREET ADDRESS	901 PONCE DE LEON BLVD, STE 700	STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
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)(f), 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** 305-444-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR