


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000002014**  
 1. Entity Name  
**LUDO REAL ESTATE N.V.**



Principal Place of Business      Mailing Address  
 250 CATALONIA AVE                      POB 141894  
 STE 605                                      CORAL GABLES, FL 33114  
 MIAMI, FL 33134

**DO NOT WRITE IN THIS SPACE**



04192007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2812429**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TRAVIESO, JOSE R JR  
 250 CATALONIA AVENUE, STE 605  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANSUR, LUIS E
STREET ADDRESS	BACHSTRAAT 5
CITY-ST-ZIP	ARUBA,
TITLE	D
NAME	MANSUR, ELIAS F
STREET ADDRESS	BACHSTRAAT 5
CITY-ST-ZIP	ARUBA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/09/07-80051-017 150.00

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 names empowered.

SIGNATURE: Jose R Traveso Jr      Date: 4.19.07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #