

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 018 ***150.00

DOCUMENT # J09964

1. Entity Name
LUDA, INC.



Principal Place of Business: **ALEGRIA'S BRIDES**, 120 Miracle Mile, 130 MIRACLE MILE, CORAL GABLES, FL 33134 US
 Mailing Address: **ALEGRIA'S BRIDES**, 120 Miracle Mile, 130 MIRACLE MILE, CORAL GABLES, FL 33134 US

60028883



2. Principal Place of Business: Suite, Apt. #, etc. **120 Miracle Mile**
 3. Mailing Address: Suite, Apt. #, etc. **SAME**

City & State: **Coral Gables**
 City & State: **SAME**

Zip: **FL** Country: **USA** Zip: **33134** Country: **USA**

04172006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-2676700** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
SOLOFF, ROBERT D
888 S.E. 3RD AVENUE
SUITE 400
FORT LAUDERDALE, FL 33326

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]* DATE: **4-21-06**

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	
TITLE: PD	<input type="checkbox"/> Delete
NAME: ABADI-BALID, ABRAHAM	
STREET ADDRESS: 120 MIRACLE MILE	
CITY-ST-ZIP: CORAL GABLES, FL 33134	
TITLE: D	<input type="checkbox"/> Delete
NAME: ABADI-BALID, RAQUEL J	
STREET ADDRESS: 120 MIRACLE MILE	
CITY-ST-ZIP: CORAL GABLES, FL 33134	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
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 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: *[Signature]* DATE: **4-21-06**