

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043402

Entity Name: LEDAKON AMERICAS, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

7861 NW 46TH ST  
DORAL, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

7861 NW 46TH ST  
DORAL, FL 33166

## New Mailing Address:

FEI Number: 65-1014707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAIAC, MANUEL  
100 S.E. 2ND STREET  
SUITE 2350  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AKERMAN, LARRY  
Address: 7861 NW 46TH ST  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: AKERMAN, SAMMY  
Address: 7861 NW 46TH ST  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: AKERMAN, BERNARDO  
Address: 7861 NW 46TH ST  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: AKERMAN, ABRAHAM  
Address: 7861 NW 46TH ST  
City-St-Zip: DORAL, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY AKERMAN

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date