


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90358 050 \*\*\*150.00

<b>DOCUMENT # P02000019544</b>	
1. Entity Name <b>LUDEMANN ARTS INC.</b>	

Principal Place of Business <b>21938 REMSEN TERRACE #106 BOCA RATON, FL 33433</b>	Mailing Address <b>21938 REMSEN TERRACE #106 BOCA RATON, FL 33433</b>
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24040301

2. Principal Place of Business <b>4323 E. WHITEWATER AVE.</b>	3. Mailing Address <b>4323 E. Whitewater Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04032004 Chg-P CR2E034 (10/03)

City & State <b>Weston, FL.</b>	City & State <b>Weston, FL.</b>
Zip <b>33332</b>	Country <b>U.S.A.</b>

4. FEI Number <b>01-0621327</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CADENA, PATRICIA MRS 21938 REMSEN TERRACE APT # 106 BOCA RATON, FL 33433</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>4323 E. Whitewater Ave.</b>	
City <b>Weston</b>	FL Zip Code <b>33433</b>

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: *Patricia Cadena* DATE: 4/3/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CADENA, PATRICIA MRS 21938 REMSEN TERRACE # 106 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D CADENA, Patricia 4323 E. Whitewater Ave. Weston, FL. 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Cadena* DATE: 4/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR