


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91000 040 ***150.00

DOCUMENT # P02000101903		
1. Entity Name LUDESSE, INC.		

Principal Place of Business 2206 ADAMS STREET APT 7A HOLLYWOOD, FL 33020	Mailing Address 2206 ADAMS STREET APT 7A HOLLYWOOD, FL 33020
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14019061



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0427663	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LUDESSE, MICHEL 2206 ADAMS STREET APT 7A HOLLYWOOD, FL 33020	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p>PSTD LUDESSE, MICHEL 2206 ADAMS STREET, APT 7A HOLLYWOOD, FL 33020</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: Ludesse Michel Date: 04/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #