

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000122830

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** LDM ENTERPRISES CORPORATION

**Current Principal Place of Business:**

2988 NW 89TH TERRACE  
UNIT 16-3  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

9260 SUNSET STRIP  
SUNRISE, FL 33322

**Current Mailing Address:**

2988 NW 89TH TERRACE  
UNIT 16-3  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

9260 SUNSET STRIP  
SUNRISE, FL 33322

**FEI Number:** 59-1762851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOFIL INVESTMENTS, INC.  
5280 NW 20 TERRACE  
HGR 58  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

NOFIL INVESTMENTS, INC.  
5379 LYONS ROAD, PMB 304  
COCONUT CREEK, FL 33073 US

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: MIMI NOFIL

03/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: DARQUEA, JAIME EUCLIDES  
Address: 2988 NW 89TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: DARQUEA, JAIME EUCLIDES  
Address: 9260 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33222

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIME EUCLIDES DARQUEA

PST

03/16/2006

Electronic Signature of Signing Officer or Director

Date