

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90029 030 ***150.00

DOCUMENT # P03000060808

1. Entity Name
LDC ACQUISITIONS, INC.



Principal Place of Business
**550 BILTMORE WAY SUITE 1110
CORAL GABLES, FL 33134**

Mailing Address
**550 BILTMORE WAY SUITE 1110
CORAL GABLES, FL 33134**

94058021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

43-2018143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHECHTER, ROSA ECKSTEIN ESQ
550 BILTMORE WAY SUITE 1110
CORAL GABLES, FL 33134**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STERN, RODOLFO**
CITY-ST-ZIP **550 BILTMORE WAY SUITE 1110
CORAL GABLES, FL 33134**

TITLE ☒ Change ☐ Addition
NAME **President, Director**
STREET ADDRESS **Rodolfo Stern**
CITY-ST-ZIP **550 Biltmore Way, #1110
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President, Director**
STREET ADDRESS **Eduardo Stern**
CITY-ST-ZIP **550 Biltmore Way, #1110
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President, Treasurer, Director**
STREET ADDRESS **David Serviansky**
CITY-ST-ZIP **550 Biltmore Way, #1110
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President, Secretary, Director**
STREET ADDRESS **Roberto Horwitz**
CITY-ST-ZIP **550 Biltmore Way, #1110
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Bernard Eckstein**
CITY-ST-ZIP **550 Biltmore Way, #1110
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rodolfo Stern

4-1504 (305) 461-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #