

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072782

FILED
Jan 31, 2007
Secretary of State

Entity Name: LDL REAL ESTATE INVESTMENT, INC.

Current Principal Place of Business:

1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131

New Mailing Address:

FEI Number: 56-2453200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO B., ALVARO
1390 BRICKELL AVENUE SUITE 200
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: DE LEON, LUIS
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SPINETTI, MARIA LUISA
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DE LEON, MARIA ISABEL
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DE LEON, LUIS ALBERTO
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DE LEON, MARIANA
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DE LEON, LUIS
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

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 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: LUIS DE LEON

PRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date