

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90173 005 \*\*\*150.00

**DOCUMENT # P03000086534**

1. Entity Name  
**LDC PIZZA CORPORATION**



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

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

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1182165**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY SUITE 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	STERN, EDUARDO
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPTD
NAME	SERVIANSKY, DAVID
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPSD
NAME	HORWITZ, ROBERTO
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rodolfo Stern**

**4/5/06**

**(305) 461-2440**

Date

Daytime Phone #