

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 007 ***150.00

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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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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 SERVANSKY, 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 Steen 4-22-08

Date

(305) 461-2440

Daytime Phone #