


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P04000039432<br>1. Entity Name<br>LEDVIN ENTERPRISES, INC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1431 S.W 44TH TERRACE<br>SUITE 3<br>FORT LAUDERDALE, FL 33317 US | Mailing Address<br>1431 S.W 44TH TERRACE<br>SUITE 3<br>FORT LAUDERDALE, FL 33317 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



|   |                                       |                 |
|---|---------------------------------------|-----------------|
| 04022008  | No Chg-P                              | CR2E034 (11/05) |
| 4. FEI Number<br>20-0814251                               | Applied For<br>Not Applicable         |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |                 |

6. Name and Address of Current Registered Agent

ALARCON, LEDVIN  
 1431 S.W 44TH TERRACE  
 SUITE 3  
 FORT LAUDERDALE, FL 33317

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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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTD<br>ALARCON, LEDVIN<br>1431 S.W 44TH TERRACE, SUITE 3<br>FORT LAUDERDALE, FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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 05/28/08-80040-015 150.00

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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: Ledvin Alarcon      4/29/08      954-746-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #