
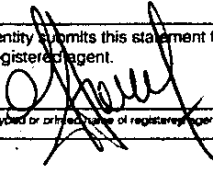
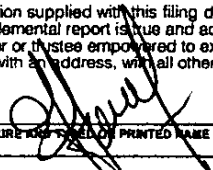


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 10, 2008 8:00 am  
Secretary of State

04-10-2008 90027 022 \*\*\*158.75

DOCUMENT # P04000065276			
1. Entity Name LUDLAM CENTER CORP.			
Principal Place of Business 6424 MILKWAGON LANE MIAMI LAKES, FL 33014		Mailing Address P.O. BOX 170363 MIAMI, FL 33017	
2. Principal Place of Business No P.O. Box # 6545 NW 169th St.		3. Mailing Address P.O. Box 170363	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State MIAMI	
Zip 33015		Country FL	
Country		Country 33017	
4. FEI Number 20-1033923		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, MARISOL 6424 MILKWAGON LANE MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name: Torres, Marisol Street Address (P.O. Box Number is Not Acceptable): 6545 NW 169th St. City: Miami FL Zip Code: 33015	
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: 		Manisol Torres 3/24/08	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, JUAN C 6424 MILKWAGON LANE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ramos, Juan C 6545 NW 169th St. Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORRES, MARISOL 6424 MILKWAGON LANE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/ST Torres, Marisol 6545 NW 169th St. Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Manisol Torres 3/24/08 (305) 7880253	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	