


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000068379

1. Entity Name
LEON & LUDA PROPERTY, INC.



Principal Place of Business Mailing Address

**450 PONDEROSA RD.
VENICE, FL 34293** **450 PONDEROSA RD.
VENICE, FL 34293**

DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1066629 Not Applicable

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

6. Name and Address of Current Registered Agent

**RENAISSANCE TAX & BUSINESS SERVICES, INC.
2357-3 S. TAMiami TRAIL
SUITE 201
VENICE, FL 34293**

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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: *Lyudmila Lebed* *Leonid Lebed* *3-26-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

**U00000485545
04/12/06-80087-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEBED, LEONID
STREET ADDRESS	450 PONDEROSA RD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	S
NAME	LEBED, LUDA
STREET ADDRESS	450 PONDEROSA RD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Lyudmila Lebed* *Leonid Lebed* *284-9869*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #