2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068379

1. Entity Name
LEON & LUDA PROPERTY, INC.

Principal Place of Business	Mailing Address
450 PONDEROSA RD.	450 PONDEROSA RD.
VENICE, FL 34293	VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

03252006   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-1066629
☐ Applied For
☐ 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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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 _Ljudmila Lebed   Leonid Lebed_ 3-26-06
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

U00000485545
04/12/06-S0087-014 150.00

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		
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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: _Ljudmila Lebed   Leonid Lebed_   284-48-69.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #