


**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.      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      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	<b>P</b>
NAME	<b>LEBED, LEONID</b>
STREET ADDRESS	<b>450 PONDEROSA RD.</b>
CITY-ST-ZIP	<b>VENICE, FL 34293</b>
TITLE	<b>S</b>
NAME	<b>LEBED, LUDA</b>
STREET ADDRESS	<b>450 PONDEROSA RD.</b>
CITY-ST-ZIP	<b>VENICE, FL 34293</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Lyudmila Lebed    Leonid Lebed      284-9869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #