

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042639

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** LUEDSA INTERNATIONAL GROUP, INC.

**Current Principal Place of Business:**

80 SW 8TH STREET  
2000  
MIAMI, FL 33130 US

**New Principal Place of Business:**

16047 COLLINS AVENUE  
SUITE 3003  
NORTH MIAMI BEACH, FL 33160 US

**Current Mailing Address:**

80 SW 8TH STREET  
2000  
MIAMI, FL 33130 US

**New Mailing Address:**

16047 COLLINS AVENUE  
SUITE 3003  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 20-4561168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSILLO & ASSOCIATES, P.A.  
7950 NW 53 STREET  
221  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAAD, ESPERANZA  
Address: 16047 COLLINS AVENUE SUITE 3003  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: VPD  
Name: SAAD, LUIS EDUARDO  
Address: 50 BISCAYNE BLVD SUITE 4906  
City-St-Zip: MIAMI, FL 33132 US

Title: SD  
Name: SAAD, MARIA HASNE  
Address: 100 ANDALUSIA SUITE 709  
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS SAAD

VPD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date