


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-11-2007 90016 035 ***150.00

DOCUMENT # P06000052358					
1. Entity Name LUDOVICI BUILDING TWO, INC.					
Principal Place of Business 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491			Mailing Address 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4684089	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUUDOVICI, EDWARD P ESQ. 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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: _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, EDWARD P		NAME		
STREET ADDRESS	17415 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 331575491		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, PHILIP F		NAME		
STREET ADDRESS	17415 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 331575491		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, JOSEPH P		NAME		
STREET ADDRESS	16709 HUTCHINSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, LORENA H		NAME		
STREET ADDRESS	16709 HUTCHINSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, BARBARA A		NAME		
STREET ADDRESS	17415 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 331575491		CITY-ST-ZIP		
TITLE	DAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDOVICI, SUSAN M		NAME		
STREET ADDRESS	17415 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 331575491		CITY-ST-ZIP		
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 recorder 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 fee empowered.					
SIGNATURE: _____			Date: 4/15/07 305-235-2141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		