


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90023 025 \*\*\*150.00

**DOCUMENT # P06000052367**

1. Entity Name  
**LUDOVICI BUILDING FOUR, INC.**



Principal Place of Business      Mailing Address  
**17415 SOUTH DIXIE HWY**      **17415 SOUTH DIXIE HWY**  
**PALMETTO BAY, FL 33157**      **PALMETTO BAY, FL 33157**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



03142008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-4684164**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUDOVICI, EDWARD P**  
**17415 SOUTH DIXIE HWY**  
**PALMETTO BAY, FL 33157**

**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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LUDOVICI, PHILIP F	
STREET ADDRESS	17415 SOUTH DIXIE HWY	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LUDOVICI, BARBARA A	
STREET ADDRESS	17415 SOUTH DIXIE HWY	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	LUDOVICI, EDWARD P	
STREET ADDRESS	17415 SOUTH DIXIE HWY	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	LUDOVICI, SUSAN M	
STREET ADDRESS	17415 SOUTH DIXIE HWY	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LUDOVICI, JOSEPH P	
STREET ADDRESS	16709 HUTCHINSON ROAD	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LUDOVICI, LORENA H	
STREET ADDRESS	16709 HUTCHINSON ROAD	
CITY-ST-ZIP	ODESSA, FL 33556	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 empowerments.

SIGNATURE: *Edward P. Ludovici*      Date: *4/10/08*      Daytime Phone #: *305-235-8720*

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

**Edward P. Ludovici**