

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90025 035 \*\*\*150.00

**DOCUMENT # P93000044883**



1. Entity Name  
**LUDOVICI PROPERTIES, INC.**

Principal Place of Business  
**17415 S DIXIE HWY.  
 PALMETTO BAY, FL 33157**

Mailing Address  
**17415 S DIXIE HWY.  
 PALMETTO BAY, FL 33157**

**40015790**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0418061**

Applied For  
 Not Applicable

Zip Country Zip Country

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

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

**7. Name and Address of New Registered Agent**

**LUDOVICI, EDWARD P  
 17415 S DIXIE HIGHWAY  
 MIAMI, FL 33157-5434**

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 \_\_\_\_\_  
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

**10. OFFICERS AND DIRECTORS**

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

TITLE  Delete  
 NAME **DPS**  
 STREET ADDRESS **LUDOVICI, EDWARD P**  
 CITY-ST-ZIP **17415 S DIXIE HIGHWAY**  
**PALMETTO BAY, FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LUDOVICI, SUSAN M**  
 CITY-ST-ZIP **17415 S DIXIE HIGHWAY**  
**PALMETTO BAY, FL 33157**

TITLE  Change  Addition  
 NAME  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 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 the like empowered.

SIGNATURE: *Edward P. Ludovici* Edward P. Ludovici 2/17/06 305-235-8720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #