


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90022 001 \*\*\*150.00

<b>DOCUMENT # P93000044883</b> 1. Entity Name LUDOVICI PROPERTIES, INC.	
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Principal Place of Business 17415 S DIXIE HWY. PALMETTO BAY, FL 33157	Mailing Address 17415 S DIXIE HWY. PALMETTO BAY, FL 33157
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  LUDOVICI, EDWARD P ESQ. 17415 S DIXIE HIGHWAY MIAMI, FL 33157-5434	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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4. FEI Number 65-0418061	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 re-issuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS LUDOVICI, EDWARD P ESQ	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17415 S DIXIE HIGHWAY	STREET ADDRESS	NAME
STREET ADDRESS	PALMETTO BAY, FL 33157	CITY - ST - ZIP	STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDOVICI, SUSAN M ESQ.	STREET ADDRESS	NAME
STREET ADDRESS	17415 S DIXIE HIGHWAY	CITY - ST - ZIP	STREET ADDRESS
CITY - ST - ZIP	PALMETTO BAY, FL 33157		CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	NAME
STREET ADDRESS		CITY - ST - ZIP	STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	NAME
STREET ADDRESS		CITY - ST - ZIP	STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	NAME
STREET ADDRESS		CITY - ST - ZIP	STREET ADDRESS
CITY - ST - ZIP			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 empowered.

SIGNATURE: Edward P. Ludovici Date: 4/16/08 Daytime Phone #: 305-235-8720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR