


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 036 ***150.00

DOCUMENT # P96000104054																																																																																																																																																					
1. Entity Name LUDALE ENTERPRISES, INC.																																																																																																																																																					
Principal Place of Business 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134			Mailing Address 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134																																																																																																																																																		
2. Principal Place of Business			3. Mailing Address																																																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		01082004 Chg-P CR2E034 (10/03)																																																																																																																																																	
4. FEI Number 65-0715081				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent MELCHING, LUELLA N 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent																																																																																																																																																		
Name			Name																																																																																																																																																		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																		
City			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 renewing) DATE _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">441 VALENCIA AVE, SUITE 203</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">441 VALENCIA AVE, SUITE 203</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">CORAL GABLES, FL 33134</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">STD</td> <td 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gail M. Phillips</i> GAIL M. PHILLIPS				1-12-04 305 448-2377																																																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																																																																																																	