


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000104054 1. Entry Name LUDALE ENTERPRISES, INC.	
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Principal Place of Business 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134	Mailing Address 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0715081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent MELCHING, LUELLA N 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-appointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELCHING, LUELLA N PD 441 VALENCIA AVE SUITE 203 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS, GAIL M 11911 SW 107 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JOHN S 11911 SW 107 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, KAREN M 2116 ROLLING ROCK RD WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DANIEL L 2116 ROLLING ROCK RD WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000178607
01/12/05-80034-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Treasurer</i>	1-10-05	305 448-2377
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>