

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90192 009 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000019286

1. Entity Name
**LUDO'S CONTINENTAL RESTAURANT AND CATERING
 SERVICE INC.**



Principal Place of Business
**600 BRICKELL AVE
 STE 107
 MIAMI, FL 33131 US**

Mailing Address
**600 BRICKELL AVE
 STE 107
 MIAMI, FL 33131 US**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0731887** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PIREDDA, LUDOVICO
 1717 N BAYSHORE DR (1717 N BAYSHORE DR)
 APT 3044
 MIAMI, FL 33137**

**DO NOT WRITE
 IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: **VP**
 NAME: **OLIVIERI, RICARDO**
 STREET ADDRESS: **510 OCEAN DR**
 CITY- ST- ZIP: **MIAMI BEACH, FL 33139**

TITLE: **P**
 NAME: **PIREDDA, LUDOVICO**
 STREET ADDRESS: **600 BRICKELL AVE STE 107**
 CITY- ST- ZIP: **MIAMI, FL 33131**

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04-305-3580300
 Date Daytime Phone #