


FILED

May 02, 2005 08:00 AM
Secretary of State

2005 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 |
|--|--|



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--|
| 4. FEI Number 65-0731887 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Correct <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent PIREDDA, LUDOVICO 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 _____ | DATE _____ |
|-----------------|------------|

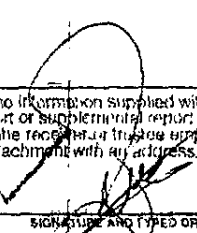
| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OLIVIERI, RICARDO 510 OCEAN DR MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PIREDDA, LUDOVICO 600 BRICKELL AVE STE 107 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000358420
05/04/05-80114-015 150.00

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 recipient of the filing 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 my address, with all other like empowered.

| | | |
|---|----------------------|-------------------------------------|
| SIGNATURE:  | Date: 4/28/05 | Daytime Phone #: 305-3580300 |
|---|----------------------|-------------------------------------|