



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000073048</b> 1. Entity Name <b>LEDESMA CORPORATION</b>			
Principal Place of Business <b>2408 SW 137 AVE MIAMI, FL 33175</b>		Mailing Address <b>2408 SW 137 AVE MIAMI, FL 33175</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 04242006 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0777290</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEDESMA, ARMANDO 2408 SW 137 AVE MIAMI, FL 33175</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
<b>U000000544402 05/11/06-80035-015 150.00</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEDESMA, ARMANDO 2408 SW 137 AVE MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEDESMA, ELVIA 2408 SW 137 AVE MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDESMA, ARMANDO JR 2408 SW 137 AVE MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			
<b>SIGNATURE:</b> <i>[Signature]</i> President 04-27-06		(305) 279-9050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	