

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # S60642

**1. Entity Name
LIDU CORPORATION**



**Principal Place of Business
532 WEST 20TH STREET
HIALEAH, FL 33010**

**Mailing Address
P.O. BOX 527923
MIAMI, FL 33152**

DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

**4. FEI Number
65-0275118**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALACIO, MARIA E.
532 WEST 20TH STREET
HIALEAH, FL 33010**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

U000000617384
02/08/07-80011-008 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
PALACIO, MARIA E.
532 WEST 20TH STREET
HIALEAH, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA E. PALACIO

Date

Daytime Phone #

Jan 31st 07 305-886-3535