

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 06, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # V56900**

**1. Entity Name  
LDG CORP.**



**Principal Place of Business**

**4490 SW 64TH AVENUE  
DAVIE, FL 33314-3462 US**

**Mailing Address**

**4490 SW 64TH AVENUE  
DAVIE, FL 33314-3462 US**



**02252008 No Chg-P CR2E034 (11/05)**

**4. FEI Number  
65-0364407**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GLICKMAN, STUART  
4490 SW 64 AVE  
DAVIE, FL 33314-3462**

**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, 2008 Fee will be \$550.00**

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



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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>GLICKMAN, STUART</b>
<b>STREET ADDRESS</b>	<b>4490 SW 64 AVE</b>
<b>CITY-ST-ZIP</b>	<b>DAVIE, FL 333143462</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000849840  
03/21/08-80037-001 158.75  
U00000849840  
03/07/08-80006-025 150.00

**DO NOT WRITE  
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:**

**STUART GLICKMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/08**  
Date

**95471-7233**  
Daytime Phone #