

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032846

Entity Name: LUDOVICI BUILDING FIVE, INC.**Current Principal Place of Business:**9000 SW 152 STREET, SUITE 106
PALMETTO BAY, FL 33157**Current Mailing Address:**9000 SW 152 STREET, SUITE 106
PALMETTO BAY, FL 33157**FEI Number:** 20-8688148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUDOVICI, EDWARD P
9000 SW 152 STREET, SUITE 106
PALMETTO BAY, FL 33157 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPS
Name	LUDOVICI, EDWARD P
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DT
Name	LUDOVICI, BARBARA A
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DAT
Name	LUDOVICI, SUSAN M
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DV
Name	LUDOVICI, JOSEPH P
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DV
Name	LUDOVICI, LORENA H
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DV
Name	LUDOVICI, STEPHEN E
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DV
Name	LUDOVICI, CHRISTINA S
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

Title	DV
Name	LUDOVICI, ALEXIS N
Address	9000 SW 152 STREET, SUITE 106
City-State-Zip:	PALMETTO BAY FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD P LUDOVICI**PRESIDENT****03/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date