

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 049 ***150.00

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1. Entity Name
LUDLUM CORPORATION

Principal Place of Business Mailing Address
231 ALTARA AVE **231 ALTARA AVE**
CORAL GABLES, FL 33146 US **CORAL GABLES, FL 33146 US**

54037502



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04172004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1918635 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, HERMINIA CPA
231 ALTARA AVE
CORAL GABLES, FL 33146

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
 NAME **SHULEVITZ, WILLIAM**
 STREET ADDRESS **4747 COLLINS AVE #1008**
 CITY-ST-ZIP **MIAMI BEACH, FL 3,**

TITLE Change Addition
 NAME **SHULEVITZ, WILLIAM**
 STREET ADDRESS **231 ALTARA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE DVPS Delete
 NAME **SHULEVITZ, DEBORAH**
 STREET ADDRESS **4747 COLLINS AVE #1008**
 CITY-ST-ZIP **MIAMI BEACH, FL 3,**

TITLE Change Addition
 NAME **SHULEVITZ, DEBORAH**
 STREET ADDRESS **231 ALTARA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE DT Delete
 NAME **SHULEVITZ, MICHAEL**
 STREET ADDRESS **4747 COLLINS AVE #1008**
 CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE Change Addition
 NAME **SHULEVITZ, MICHAEL**
 STREET ADDRESS **231 ALTARA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE DVP Delete
 NAME **SHULEVITZ, JUDITH**
 STREET ADDRESS **4747 COLLINS AVE., #1008**
 CITY-ST-ZIP **MIAMI BCH., FL**

TITLE Change Addition
 NAME **SHULEVITZ, JUDITH**
 STREET ADDRESS **231 ALTARA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: William Shulevitz **WILLIAM SHULEVITZ, PRES.** 4/17/04 305-448-1648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #