

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # 626709**  
 1. Entity Name  
**LUDLUM CORPORATION**

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

Mailing Address  
**231 ALTATA AVE**  
**CORAL GABLES, FL 33146 US**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1918635** Applied For  
 Not Applicable

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

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SHULEVITZ, WILLIAM
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DVPS
NAME	SHULEVITZ, DEBORAH
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DT
NAME	SHULEVITZ, MICHAEL
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DVP
NAME	SHULEVITZ, JUDITH
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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. 1/26/05 305-448-1648