


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 626709</b>		
1. Entity Name <b>LUDLUM CORPORATION</b>		
Principal Place of Business <b>231 ALTARA AVE CORAL GABLES, FL 33146 US</b>	Mailing Address <b>231 ALTATA AVE CORAL GABLES, FL 33146 US</b>	



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1918635</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00

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

U00000912661  
05/07/08-80087-025 150.00

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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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:**  **W. SHULEVITZ, PRES.** 4/17/08 305-448-1648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #