

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State



DOCUMENT # 545271
1. Entity Name
JULDAV DISTRIBUTORS, INC.

Principal Place of Business: 2120 MARJORY ST. TAMPA, FL 33606
Mailing Address: 1208 SOUTH HOWARD AVE TAMPA, FL 33606 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)
4. FEI Number: 59-1766604 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAXER, DAVID
1208 SOUTH HOWARD
TAMPA, FL 33606

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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, 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	VSD
NAME	LAXER, GERTRUDE
STREET ADDRESS	1208 SOUTH HOWARD
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	LAXER, DAVID
STREET ADDRESS	907 S DAKOTA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: David Laxer DAVID LAXER 2/4/05 813/251-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #