


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000922</b> 1. Entity Name FLORIDA JUDO, INC.	
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Principal Place of Business ATTN: GERINERDO NAVARRO, JR. 16131 NW 12TH ST HOLLYWOOD, FL 33028	Mailing Address ATTN: HENRY G. SAAVEDRA 2810 OLD BAYSHORE WAY TAMPA, FL 33611
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0731314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SAAVEDRA, HENRY 2810 OLD BAYSHORE WAY TAMPA, FL 33611	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000578850  
01/09/07-80045-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRO, GERINERDO JR 16131 NW 12TH ST HOLLYWOOD, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEYS, RICHARD J 620 SE 5TH TERR POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARNICK-ELLIS, ALICIA 1239 VAN TASSELL TRL NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAAVEDRA, HENRY G 2810 OLD BAYSHORE WAY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07

(813) 350-6516