
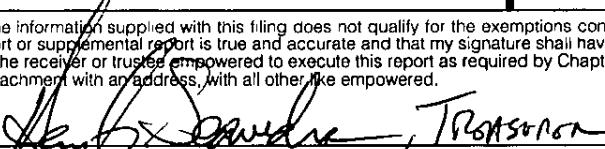


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

| | | |
|--|-------------------------|--|
| DOCUMENT # N97000000922 | |  |
| 1. Entity Name FLORIDA JUDO, INC. | | |
| 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 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SAAVEDRA, HENRY 2810 OLD BAYSHORE WAY TAMPA, FL 33611 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | |
| NAME | NAVARRO, GERINERDO JR | |
| STREET ADDRESS | 16131 NW 12TH ST | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33028 | |
| TITLE | VP | |
| NAME | LEYS, RICHARD J | |
| STREET ADDRESS | 620 SE 5TH TERR | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 | |
| TITLE | S | |
| NAME | WARNICK-ELLIS, ALICIA | |
| STREET ADDRESS | 1239 VAN TASSELL TRL NE | |
| CITY-ST-ZIP | PALM BAY, FL 32905 | |
| TITLE | T | |
| NAME | SAAVEDRA, HENRY G | |
| STREET ADDRESS | 2810 OLD BAYSHORE WAY | |
| CITY-ST-ZIP | TAMPA, FL 33611 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:  | | 1/8/08 (813) 350-6516 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |



01042008 No Chg-NP CR2E037 (4/06)

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

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01/11/08-80020-017 61.25

**DO NOT WRITE
IN THIS SPACE**