



FILED
Apr 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000023246 1. Entity Name JUDITER, INC.					
Principal Place of Business 6085 W 26 COURT HIALEAH, FL 33016			Mailing Address 6085 W 26 COURT HIALEAH, FL 33015		
2. Principal Place of Business Suite, Apt., or, etc.		3. Mailing Address Suite, Apt., or, etc.			
City & State		City & State		4. FEI Number 02-0558277	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R & P ACCOUNTING & TAXES, INC. 141 N.E. 3RD AVENUE #604 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City	
SIGNATURE: _____ <small>Signature of Registered Agent or Registered Agent in Charge</small>				DATE: _____ <small>Date of Registration</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE: _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE P	NAME HEVEL, SILVIA	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 19255 NE 10TH AVENUE	CITY-ST-ZIP NORTH MIAMI, FL 33179		STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE O	NAME SANCHEZ JUAN C	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 19255 NE 10TH AVENUE	CITY-ST-ZIP NORTH MIAMI, FL 33179		STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE Change		<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS Change			STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE Change		<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS Change			STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE Change		<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS Change			STREET ADDRESS Change	CITY-ST-ZIP Change	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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, or empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, when made available with all other like information.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>				DATE: _____ <small>DATE OF FILING</small>	