


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023246			
1. Entity Name JUDITER, INC.			
Principal Place of Business 19255 NE 10TH AVENUE APT. 224 NORTH MIAMI, FL 33179		Mailing Address 19255 NE 10TH AVENUE APT. 224 NORTH MIAMI, FL 33179	
2. Principal Place of Business 6055 W 26 COURT		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33016	Country	Zip	Country
4. FEI Number 02-0178277		Applied For <input type="checkbox"/> Not Applicable	
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 date if applicable		(NOTE: Registered Agent's signature required when necessary)	
FILE NOW!!! FEE IS \$150.00 (As of May 1, 2003, FEE will be \$250.00) Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVEL, SILVIA	NAME	
STREET ADDRESS	19255 NE 10TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JUAN CARLOS	NAME	
STREET ADDRESS	19255 NE 10TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSMITZ, SANDRA	NAME	
STREET ADDRESS	19255 NE 10TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ADRIANA	NAME	
STREET ADDRESS	19255 NE 10TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>S. Hevel</i>		Date: <i>05/02/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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CHECK HERE IF MAKING CHANGES

CHECK (10/02)