


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000085811	
1. Entity Name SAN JUDAS TADEO PROPERTY CORPORATION	

Principal Place of Business 5901 SW 74TH ST #400 S MIAMI, FL 33143	Mailing Address 5901 SW 74TH ST #400 S MIAMI, FL 33143
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1222032	Applied For <input type="checkbox"/> 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

MOLANS, JAMES A  
 5901 SW 74TH ST #400  
 S MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

6. 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000478883  
 04/08/06-80015-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DAVID 5901 SW 74TH ST #400 S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENA, ADRIANA 5901 SW 74TH ST #400 S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLANS, JAMES A 5901 SW 74TH ST #400 S MIAMI, FL 33143
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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 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 RODRIGUEZ **March 17, 2006** (305) 666-0345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #