

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90110 012 ***150.00

DOCUMENT # P04000085811					
1. Entity Name SAN JUDAS TADEO PROPERTY CORPORATION					
Principal Place of Business 5901 SW 74TH ST #400 S MAIMI, FL 33143			Mailing Address 5901 SW 74TH ST #400 S MAIMI, FL 33143		
2. Principal Place of Business - No P.O. Box # 9400 S Dadeland Blvd.		3. Mailing Address 9400 S Dadeland Blvd.			
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc. Suite 601			
City & State Miami, FL		City & State Miami, FL			
Zip 33156	Country USA	Zip 33156	Country USA	4. FEI Number 20-1222032	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLANS, JAMES A 5901 SW 74TH ST #400 S MAIMI, FL 33143			7. Name and Address of New Registered Agent Name: <u>ROBERT TARABOULOS</u> Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Blvd., Suite 601 City: <u>Miami</u> <u>FL</u> <u>33156</u>		
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: <u>Robert Taraboulos</u> ROBERT TARABOULOS <u>4/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DAVID 5901 SW 74TH ST #400 S MAIMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez, David 9400 South Dadeland Blvd., Suite 601 Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENA, ADRIANA 5901 SW 74TH ST #400 S MAIMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Pena, Adriana 9400 South Dadeland Blvd., Suite 601 Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLANS, JAMES A 5901 SW 74TH ST #400 S MAIMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Taraboulos, Robert 9400 South Dadeland Blvd., Suite 601 Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert Taraboulos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/20/08</u> <small>Date Daytime Phone #</small>		