

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000146454

1. Entity Name
JUDAH'S HOME REPAIRS INC.



FILED
07 JUL -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14941 SW 82ND TERRACE SUITE 5-103 MIAMI, FL 33193-1499	Mailing Address 14941 SW 82ND TERRACE SUITE 5-103 MIAMI, FL 33193-1499
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2. Principal Place of Business - No P.O. Box # 14249 SW 103 Terrace	3. Mailing Address P.O. Box 830689
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07052007 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 20-8002862	Applied For Not Applicable
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Zip 33186	Country USA	Zip 33283	Country USA
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMOS, YULIETH 14941 SW 82ND TERRACE SUITE 5-103 MIAMI, FL 33193-1499	7. Name and Address of New Registered Agent Name: Pedro R Ramos Street Address (P.O. Box Number is Not Acceptable): 14249 SW 103 Terrace City: Miami FL Zip Code: 33186
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P RAMOS, YULIETH	<input checked="" type="checkbox"/> Delete	TITLE NAME	(P) Pedro R Ramos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14941 SW 82ND TERRACE SUITE 5-103		STREET ADDRESS	14249 SW 103 Terrace	
CITY-ST-ZIP	MIAMI, FL 331931499		CITY-ST-ZIP	Miami FL 33186	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	800106255755	
CITY-ST-ZIP			CITY-ST-ZIP	07/17/07--01012--008 **150.00	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* Date: 7/5/07 (786) 208-4204 Daytime Phone #