

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90106 048 \*\*\*150.00

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03252008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000105232</b>					
1. Entity Name <b>JUDY GOES MODERN, INC</b>					
Principal Place of Business <b>4770 BISCAYNE BLVD 1040 MIAMI, FL 33137</b>			Mailing Address <b>4770 BISCAYNE BLVD 1040 MIAMI, FL 33137</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65 0024225</b>	
				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			7. Name and Address of New Registered Agent		
<b>LOFT, JUDY 4770 BISCAYNE BLVD 1040 MIAMI, FL 33137</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (If NOTE: Registered Agent signature required when consulting.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> Delete				
NAME	<b>LOFT, JUDY</b>				
STREET ADDRESS	<b>4770 BISCAYNE BLVD #1040</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
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TITLE	<input type="checkbox"/> Delete				
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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: <u>Judy Loft</u> <b>JUDY LOFT</b> <u>4/23/08</u> <b>(305) 573 5839</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					