2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000002843

1. Entity Name JUDESSICA AND ALEXANDRA ENTERPRISES, INC.



Principal Place of Business

7800 W. OAKLAND PARK BLVD.

BLDG. G

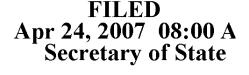
SUNRISE, FL 33351

Mailing Address

7800 W. OAKLAND PARK BLVD.

BLDG. G

SUNRISE, FL 33351





04032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0699850

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE. FL 33351

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both, in	the State of Florida. I am familiar with, and	accept
SIGNATURE_						_
Signature, typed or printed name of regulated agent and title if applicable. (NOTE: Regulated Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE	Р					
NAME	SIBONEY, GILBERT					
STREET ADDRESS 16425 COLLINS AVENUE, #1412						
OTT 57 70 AMAN 51 00400						

SIBONEY, GILBERT

STREET ADDRESS
CITY-ST-ZIP
MIAMI, FL 33160

TITLE
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U00000730805 05/08/07-80069-016 300.00

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NAME
STREET ADDRESS
CITY-ST-2IP

12. I hereby certify that the information supplied with this filling 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 truefee ampowered 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 a readyless, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/07

954-749-8862

Daytime Phone ∉