

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90273 018 \*\*\*150.00

**DOCUMENT # P97000092264**

1. Entity Name

JUDONOF INC.



Principal Place of Business

513 N.E. 20TH STREET  
BOCA RATON FL 33431  
US

Mailing Address

624 NW 13 STREET  
31  
BOCA RATON FL 33486  
US

2. Principal Place of Business

3. Mailing Address

513 NE 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Boca Raton

Zip

Country

Zip

Country

FL 33431

4. FEI Number 65-0789613

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDUARDO, GARCIA  
624 NW 13 ST. #31  
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE MGRD ☐ Delete  
NAME DOMINGUEZ, EMILIO  
STREET ADDRESS 624 NW 13 STREET #31  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PTD ☐ Delete  
NAME GARCIA, EDUARDO  
STREET ADDRESS 513 N.E. 20TH STREET  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☒ Delete  
NAME ARAGON, ZULMA  
STREET ADDRESS 624 NW 13 ST #31  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VP ☐ Delete  
NAME PORRAS, EVA  
STREET ADDRESS 624 NW 13ST #31  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Eduardo Garcia 4/28/04