2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCU 1. Entity Nar	MENT # V23554	· ·		Jan 21, 2005 08:00 AM Secretary of State	
PRIVATE	JUDGES, INC.				
Principal Plac	ce of Business	Mailing Address			
1001 BRICKELL BAY DRIVE		1001 BRICKELL BAY	DRIVE		_
1508 MIAMI FL 33131		1508 MIAMI FL 33131			
ÜS		US		LICER MINER STEIN ERNE BERG TER KOM DER KOM BERGE BERG BERGEN DER KOM BERGEN DER KOM BERGEN DER KOM	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt	. #, etc.	Suite, Apt. #, etc		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 65-0332311 Applied Fo	
Žip	Country	· Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulard	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		<u></u> -
GALE, JOHN 1001 BRICKELL BAY DRIVE			Street Addre	ess (P.O. Box Number is Not Acceptable)	.
SUITE 1508 MIAMI FL 33131					•
			City	FL Zip Code	ক গ
8. The above the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or reg	distered agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent	and tillo if applicable (NC)	TE Registered Agent signature re	quired when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00				_
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10.	ÓFFICERS AND	DIRECTORS	. 11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
DILF	P	☐ Delete	TITLE	☐ Change ☐ Add	lific
NAME STREET ADDRESS	GALE, JOHN 1001 BRICKELL BAY DRIVE SUIT	1508	NAME STREET ADDRESS		
CHY-ST-ZIP	MIAMI FL 33131	1300	CITY - ST - ZIP		
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NAME STREET ADDRESS			NAME STREET ADDRESS	UQQQQQ188924 □ Change □ MAR 01/24/05-80074-011 150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Airi	day lier
NAME		_ 5,10,10	NAME	- Consider the contract of the	
CITY-SI-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE NAME		∐ Delete	DTE NAME	☐ Charige ☐ Adu	ήξη.
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			C(TY - ST - Z(P		
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NAME CURTI ADDOCCO			NAME		
STREET ADDRESS City-St-ZIP			STHEET ADDRESS CITY+ST-ZIP		
TUTLE		□ Delete	TITLE	☐ Change ☐ Add	111.
NAME			NAME	Crimity	
STREET ADDRESS			SPRIET ADDRESS	,	
City St ZIP	and the said of th	11. 20	CHY-ST ZIP		=
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	n this filling does not qualify for the and accurate and that i	ir the exemption stated it my signature shall have	n Section 119.07(3)(n), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes, and that my name appears in Block 10 or Block 1	iñ lor
of the cor changed,	or on an attachment with an address	owered to execute this report with all other like eropowered	as required by Chapter	607, Florida Statutes, and that my name appears in Block 10 or Block 1	1

Pres.

SIGNATURE AND TYPED OR DAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/18/05 305/536-010: