
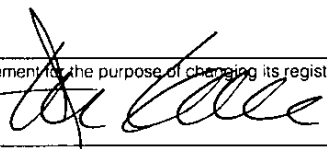
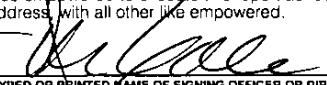


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90017 006 ***150.00

DOCUMENT # V23554 1. Entity Name PRIVATE JUDGES, INC.																							
Principal Place of Business 2400 SO. DIXIE HWY #100 MIAMI, FL 33133 US			Mailing Address 2400 S. DIXIE HIGHWAY SUITE 100 MIAMI, FL 33133 US																				
2. Principal Place of Business - No P.O. Box # 2701 S. Bayshore Dr. Suite, Apt. #, etc. #315 City & State Miami, FL Zip 33133		3. Mailing Address 2701 S. Bayshore Drive Suite, Apt. #, etc. #315 City & State Miami, FL Zip 33133		4. FEI Number 65-0332311 Applied For <input type="checkbox"/> Not Applicable																			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent GALE, JOHN 2400 SOUTH DIXIE HWY SUITE 100 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 S. Bayshore Drive, Suite 315 City Miami FL Zip Code 33133																			
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: 3/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GALE, JOHN</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>2400 SOUTH DIXIE HWY. #100 MIAMI, FL 33133</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	GALE, JOHN		CITY- ST- ZIP	2400 SOUTH DIXIE HWY. #100 MIAMI, FL 33133		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2701 S. Bayshore Drive, #315</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Miami Florida 33133</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	2701 S. Bayshore Drive, #315		CITY- ST- ZIP	Miami Florida 33133	
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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 reports 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:  DATE: 3/27/08 DAYTIME PHONE #: 201-816-4111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							