


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # V40985 1. Entity Name SAINT JUDE'S RESIDENCE HOME NUMBER 2, INC.	
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Principal Place of Business 2500 SW 108TH AVE. MIAMI, FL 33165	Mailing Address 2500 SW 108TH AVE. MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0337926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CABRERA, BERNARDO G. 2500 SW 108TH AVE. MIAMI, FL 33165
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, holder of the filing right, or the agent who the filer designates as the registered agent. FILER: Register of Agents, signature required when changing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000192986 01/25/05-80042-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST CABRERA, BERNARDO G. 2500 SW 108TH AVE. MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power of attorney, or otherwise empowered.

SIGNATURE:  PRESIDENT	1-18-05 { 205-220-3658
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Day-Mo-Yr</small>