


FILED
Feb 01, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000028392 1. Entity Name JDS JUICES, DELIVERIES & SERVICES, INC.	
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Principal Place of Business C/O RAUL J. SALAS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131	Mailing Address C/O RAUL J. SALAS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0993084	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

CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER
 MIAMI, FL 33131

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MARTI DE PRADO, JUANA R 529 TERMINAL AVE. NEWCASTLE, DE 19720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PRADO, FRANCISCO 529 TERMINAL AVE. NEWCASTLE, DE 19720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARODI, CARLOS A 3 DE FEBRERO 1771, PISO 3 BUENOS AIRES, ARGENTINA 1426,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 02/06/07-80062-006 150.00

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 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: *x Francisco Prado* FRANCISCO PRADO, SECRETARY 1/30/07 305 379 9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #