


FILED
Jun 14, 2004 8:00 am
Secretary of State

06-03-2004 90004 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000142035			
1. Entity Name JUNGLE JUICE CAFE, INC.			
Principal Place of Business 645 NE 92ND STREET APT. 14 MIAMI SHORES FL 33138		Mailing Address 645 NE 92ND STREET APT. 14 MIAMI SHORES FL 33138	
2. Principal Place of Business 17066 COLLINS AVE		3. Mailing Address 17066 COLLINS AVE	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State SUNNY ISLES, FL		City & State SUNNY ISLES, FL	
Zip 33160		Country USA	
4. FEI Number 30-0214761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORA, ALBERT 645 NE 92ND STREET APT. 14 MIAMI SHORES, FL 33138		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>AlteMora</i>		DATE	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent Signature required when registering)	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, ALBERT	NAME	
STREET ADDRESS	645 NE 92ND STREET APT. 14	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly MORRIS - OFFICER	NAME	
STREET ADDRESS	17066 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA MORA - OFFICER	NAME	
STREET ADDRESS	17066 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>AlteMora</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

P03000142035

06/12/803

Reminder Post card was mailed

to my old address. New address is

JUNGLE JUICE CAFE, INC.

17066 COLLINS AVE

SUNNY ISLES, FL 33160

IF POSSIBLE PLEASE WAIVE THE

Late Fee

THANK YOU

BACARDI AND THE BAT DEVICE ARE REGISTERED TRADEMARKS OF BACARDI & COMPANY LIMITED