

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089093

Entity Name: GABLES JUICE BAR, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

230 ALMEIRA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

230 ALMEIRA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0605169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, BELKIS
230 ALMEIRA AVE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, BELKIS
Address: 510 S.W. 39TH AVENUE
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete
Name: LOPEZ, FERNANDO
Address: 510 S.W. 39TH AVENUE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELKIS LOPEZ

DIRE

04/28/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date