## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 11, 2008 08:00 AN Secretary of State

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|   |   |   |   |    |   |   |   |    |   |   |    |   |   |   |

1. Entity Name

JUNIPER INDUSTRIES OF FLORIDA, INC.

Principal Place of Business

3650 N. 36TH AVE.

VILLA 12 HOLLYWOOD, FL 33021 Mailing Address

72-15 METROPOLITAN AVE MIDDLE VILLAGE, NY 11379-2107

No Chg-P

## DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1656484

01082008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

WIENER, JESSE L 3650 N 36TH AVE HOLLYWOOD, FL 33021

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the plans of registered agent  | urpose of changing its registe                    | red office or r   | egistered agent, or bo         | oth, in the State of Florida I am familiar with, and accept  |  |  |  |
|--|--|---|---|--------------------------------|--|--|--|--|
| SIGNATURE                                      |  |   |   |                                |  |  |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00            | Election Campaign Fina<br>Trust Fund Contribution | ~ ~   | \$5.00 May Be<br>Added to Fees |  |  |  |  |
| 10.  | OFFICERS AND DIREC   | TORS  |   |                                | 1  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WIENER, ELLIOT<br>3650 N 36TH AVE VILLA<br>HOLLYWOOD, FL 00000,   |   |   |                                |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WIENER, JESSE L<br>3650 N 36TH AVE VILLA<br>HOLLYWOOD, FL 00000. |   | 000000780481<br>01/14/08-80023-018 150.00<br>DO NOT WRITE |                                |  |  |  |  |
| HAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | TD WIENER, CELIA 3650 N 36TH AVE VILLA HOLLYWOOD, FL 00000.            |   |   |                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY+S1+ZIP          |  |   |   | IN '                           | THIS SPACE   |  |  |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP           |  |   |   |                                |  |  |  |  |
| TITLE  |  |   |   |                                |  |  |  |  |
| HAME   |  |   |   |                                |  |  |  |  |
| STREET ADDRESS                                 |  |   | 1   |                                |  |  |  |  |
| CITY-SI-ZIP                                    |  |   | ŀ   |                                |  |  |  |  |
| indicatéd<br>of the cor                        | on this report or supplemental report is true a                        | nd accurate and that my sign                      | ature shall hav   | re the same lerial effer       | Plonds Statutes. I further certify that the information of as it made under path; that I am an officer or directories, and that my name appears in Block 10 or Block 11 if |  |  |  |