

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90255 035 \*\*\*150.00

**DOCUMENT # P00000028392**

1. Entity Name  
JDS JUICES, DELIVERIES & SERVICES, INC.



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

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0993084

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MARTI DE PRADO, JUANA R
STREET ADDRESS	529 TERMINAL AVE.
CITY-ST-ZIP	NEWCASTLE, DE 19720
TITLE	DVS
NAME	PRADO, FRANCISCO
STREET ADDRESS	529 TERMINAL AVE.
CITY-ST-ZIP	NEWCASTLE, DE 19720
TITLE	D
NAME	PARODI, CARLOS A
STREET ADDRESS	3 DE FEBRERO 1771, PISO 3
CITY-ST-ZIP	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	

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IN THIS SPACE**

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: *Francisco Prado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Francisco Prado - Secretary* *April 25/2005* *303-337-4800*