

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90203 025 ***150.00

DOCUMENT # P02000054608

1. Entity Name
POWER SMOOTHIE CAFE, INC



Principal Place of Business
**2255 GLADES ROAD
SUITE 324 A
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES ROAD
SUITE 324 A
BOCA RATON FL 33431**



2. Principal Place of Business

5499 N. Federal Hwy

3. Mailing Address

5499 N. Federal Hwy

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

36-4507304

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CULLEN, WILLIAM J
2255 GLADES ROAD
324 A
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

James Traina

Street Address (P.O. Box Number is Not Acceptable)

5499 N. Federal Hwy.

Suite B

City

Boca Raton,

FL

Zip Code

33487

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

James Traina

James Traina v/t/s

2/11/03

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

(NOTE: Registered Agent signature required when reinstating)

D/E

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CULLEN, WILLIAM J	
STREET ADDRESS	2255 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Cullen	
STREET ADDRESS	5499 N. Federal Hwy. Suite B	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	v/t/s	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Traina	
STREET ADDRESS	5499 N. Federal Hwy. Suite B	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

WILLIAM J. CULLEN **William J. Cullen** **2/11/03** **561-416-1000**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #