2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90207 048 ***150.00

DOCUMENT # P02000061005

1. Entity Name
FRUITTY JUICY, INC.

Principal Place of Business	Mailing Address
2623 CEDARIDGE CIRCLE CLERMONT, FL 34711	2623 CEDARIDGE CIRCLE CLERMONT, FL 34711

08172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16501 NELSON PARK DRIVE	16501 NELSON PARK DRIVE
Suite, Apt. #, etc.: Apt. 101	Suite, Apt. #, etc.: Apt. # 101
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34714 Country: USA	Zip: 34714 Country: USA

4. FEI Number: 02-0637050 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, BERNARDO
2623 CEDARIDGE CIRCLE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: MARQUEZ, BERNARDO
Street Address (P.O. Box Number is Not Acceptable): 16501 NELSON PARK DRIVE
Apt. 101
City: CLERMONT **FL** Zip Code: 34714

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] BERNARDO MARQUEZ DATE: 9/1/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, BERNARDO 2623 CEDARIDGE CIRCLE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARQUEZ, BERNARDO 16501 NELSON PARK DRIVE Apt. 101 CLERMONT, FL 34714 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ARTURO 2623 CEDARIDGE CIRCLE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARQUEZ, ARTURO 16443 NELSON PARK DRIVE Apt. 206 CLERMON, FL 34714 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ANDRES 2623 CEDARIDGE CIRCLE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARQUEZ ANDRES 764 SHERWOOD TERRACE DRIVE Apt. 107 ORLANDO FL, 32818 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] BERNARDO MARQUEZ — Date: 9/1/2004 — Daytime Phone #: 407-397-3042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR