

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000101087

Entity Name: SMOOOOTHIES INC.

**FILED**  
**Aug 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

625 8TH STREET S  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

625 8TH STREET S  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 81-0635246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOECK, EMANUEL  
4570 16TH AVE. SE  
NAPLES, FL 34117 US

**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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: INDHIRA, QUINTANILLA M P  
Address: 4570 16TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: VP (X) Delete  
Name: EMANUEL, BOECK VP  
Address: 4570 16TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOECK, EMANUEL M P  
Address: 4570 16TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EMANUEL BOECK

P

08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date