2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF TRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P04000156297** 04-21-2008 90058 028 ***158.75 1. Entity Name AITCO BEST JUICE INC. Principal Place of Business Mailing Address 1366 NW 78TH AVENUE 1366 NW 78TH AVENUE MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 87-0735178. Not Applicable. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000 City Zip Code 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 trie if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Delete TITLE ☐ Addition ΠΠF HEFNAOUT GABE NAME HEFNAOUI, GABE NAME 1504 N.W. 179 1 STREET ADDRESS 79 WYNCREST RD. STREET ADDRESS Pembroke Pines. FL 33029 CITY-ST-ZIP MARLBORO, NJ 07746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MANRESA, AXNIUX NAME NAME 1504 N.W. 179TH AVE., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

FILED

908-221-7742

Davisma Phone #