

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140804

Entity Name: MY SMOOTHIE CORP.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

14481 MIRAMAR PRKY  
MIRAMAR, FL 33027 US

## New Principal Place of Business:

## Current Mailing Address:

14481 MIRAMAR PARKWAY  
MIRAMAR, FL 33027 US

## New Mailing Address:

FEI Number: 33-1126943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBAINA, YANSER  
14481 MIRAMAR PARKWAY  
MIRAMAR, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ROBAINA, YANSER  
Address: 14481 MIRAMAR PRKY  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP ( ) Delete  
Name: ROBAINA, JENNIFER  
Address: 14481 MIRAMAR PRKY  
City-St-Zip: MIRAMAR, FL 33027 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: YANSER ROBAINA

PRES

04/24/2009

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

\_\_\_\_\_  
Date