2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
07 OCT 12 AM 11: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000079877

1. Entity Name
LOCO JUICE FRANCHISING, INC.

Principal Place of Business	Mailing Address
2780 E FOWLER AVE STE 161 TAMPA, FL 33612 US	2780 E FOWLER AVE STE 161 TAMPA, FL 33612 US

09282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1423 NE 46TH Road	1423 NE 46TH Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34470 Country: US	Zip: 34470 Country: US

4. FEI Number: 20-5019581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THODE, DANIEL T
2780 EAST FOWLER AVENUE
SUITE 161
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name: Kevin MacIsaac
Street Address (P.O. Box Number is Not Acceptable): 1423 NE46TH Road
City: Ocala FL Zip Code: 34470

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 Kevin MacIsaac K. MacIsaac 10/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THODE, DANIEL T 1640 VILLA CAPRI CIR APT 205 ODESSA, FL 33556 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D TONY QUAST 1423 NE 46TH Road Ocala FL 34470 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D KEVIN MacIsaac 1423 NE 46TH Road Ocala FL 34420 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800110912718 10/17/07--01019--018 **96.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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.

SIGNATURE: 10/1/07 (352) 236 7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #