

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104302

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE SMOOTHIE JUICE ESPRESSO BAR INC

Current Principal Place of Business:

707 SURF ROAD
3
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 416003
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 26-1105255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
138
MIAMI, FL 33169 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: P () Delete
Name: MEZA, KATIA
Address: 17150 NORTH BAY ROAD # 2807
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: P () Delete
Name: AMIEL EILON, AMIR
Address: 707 SURF ROAD # 3
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: AMIEL EILON, AMIR
Address: 707 SURF ROAD # 3
City-St-Zip: HOLLYWOOD, FL 33019 US

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: KATIA MEZA

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04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date