

ANNUAL REPORT

DOCUMENT # P94000023983

1. Entity Name
CARIBBEAN JUICE BAR, INC.



Principal Place of Business
16194 NW 27TH AVE
OPA LOCKA, FL 33054

Mailing Address
155 NW 193 STREET
MIAMI, FL 33169

FILED
Apr 07, 2004 08:00 AM
Secretary of State



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0581478

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBINSON, LEROY
155 NW 193 STREET
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000105894
04/07/04-80044-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
SMITH, KEVIN GARFIELD
155 NW 193 STREET
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
LANGSTON, ZUZETTE
155 NW 193 STREET
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
ROBINSON, BRENDA
155 NW 193RD STREET
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

[Signature]

[Signature] X Leroy Robinson
President/Owner

4/8/04 205 904 1344