2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

| DOCUMENT # P94000023983 1. Entity Name CARIBBEAN JUICE BAR, INC. | | | | | | 04-11-2007 9 | 0035 042 | ***150 | .00 |
|--|--|---|--|---|---------------------------------|----------------------|--------------------|-----------------------------|--|
| Principal Place of Business 16194 NW 27TH AVE OPA LOCKA, FL 33054 | | Mailing Address 155 NW 193 STREET MIAMI, FL 33169 | | | | J U V | | | |
| 2. Principal Pl | ace of Business - No P.O. Box # | 3. Mailing Address | | , | | | | | |
| | | | | | BEIL MANASI MYNSTR MANSTY TYRES | il arks Hada Mil | L MENTS (Brides Af | TANARA EL TANAL | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03292007 | Chg-P | CR2E03 | 4 (12/06) | |
| City & State | | City & State | | 4. FEI Number 65-0581 | | | | plied For t Applicable | |
| Zip | Country | Zip | Ztp Country | | | f Status Desired | | 8.75 Add | litional |
| | 8. Name and Address of Current | Registered Agent | L | | 7. Name and A | ddress of New R | | | |
| 1 | | | | Name | | | | | |
| ROBINSON, LEROY 155 NW 193 STREET MIAMI, FL 33169 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| WRAWII, FL | 33108 | | | | | | | | |
| | | | | City | FL Zip Code | | | | |
| | named entity submits this statement fions of registered agent. | or the purpose of changing its | register | ed office or reg | istered agent, or both | , in the State of Fi | orida. I am fa | miliar with, | and accept |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered agen | rt and tittle it spiplicable. (NOT | E. Registere | d Agent signature rec | quired when reinstating) | | DATE | | |
| FIL | Signature, typed or printed name of registered ager E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 | 9. Election Campa | ign Finar | | \$5.00 May Be Added to Fees | | DATE | | |
| FIL | E NOW!!! FEE IS \$150.00 | 9. Election Campa Trust Fund Cont | ign Finar | ncing | \$5.00 May Be Added to Fees | CHANGES TO OFF | | DIRECTORS | S IN 11 |
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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.

Robinson

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

419/07

<u>305 627 0030</u>