

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023983

Entity Name: CARIBBEAN JUICE BAR, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

16194 NW 27TH AVE  
OPA LOCKA, FL 33054

## New Principal Place of Business:

155 NW 193 STREET  
MIAMI, FL 33169

## Current Mailing Address:

155 NW 193 STREET  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 65-0581478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, LEROY  
155 NW 193 STREET  
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: V ( ) Delete  
Name: SMITH, KEVIN GARFIELD  
Address: 155 NW 193 STREET  
City-St-Zip: MIAMI, FL 33169

Title: T (X) Delete  
Name: LANGSTON, ZUZETTE  
Address: 155 NW 193 STREET  
City-St-Zip: MIAMI, FL 33169

Title: S (X) Delete  
Name: ROBINSON, BRENDA  
Address: 155 NW 193RD STREET  
City-St-Zip: MIAMI, FL 33169

Title: P (X) Delete  
Name: ROBINSON, LEROY  
Address: 155 NW 193 STREET  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROBINSON, LEROY  
Address: 155 NW 193 STREET  
City-St-Zip: MIAMI, FL 33169

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

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: LEROY ROBINSON

P

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date