

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90004 022 \*\*\*150.00

**DOCUMENT # P96000030458**

1. Entity Name  
**MIAMI JUICE CORP.**



Principal Place of Business  
**16210 COLLINS AVENUE**  
**NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**16210 COLLINS AVENUE**  
**NORTH MIAMI BEACH, FL 33160**

**24079479**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0447924</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHOKI, ISSAC**  
**16210 COLLINS AVENUE**  
**NORTH MIAMI BEACH, FL 33160**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOKI, ISSAC Y 16210 COLLINS AVENUE NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON-SHOKI, BANHA 16210 COLLINS AVE NORTH MIAMI, FL 33160
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**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 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-04 305945-0444**  
 Date Daytime Phone #