

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030458

FILED
Feb 02, 2006
Secretary of State

Entity Name: MIAMI JUICE CORP.

Current Principal Place of Business:

16210 COLLINS AVENUE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

16210 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

16210 COLLINS AVENUE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

16210 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0447924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHOKI, ISSAC
16210 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

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: ISSAC SHOKI

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOKI, ISSAC Y
Address: 16210 COLLINS AVENUE
City-St-Zip: NORTH MIAMI, FL 33160

Title: VPD () Delete
Name: ROBINSON-SHOKI, BONITA
Address: 16210 COLLINS AVENUE
City-St-Zip: NORTH MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHOKI, ISSAC Y
Address: 16210 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPD (X) Change () Addition
Name: ROBINSON-SHOKI, BONITA
Address: 16210 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: ISSAC SHOKI

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02/02/2006

Electronic Signature of Signing Officer or Director

Date