

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030458

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** MIAMI JUICE CORP.

**Current Principal Place of Business:**

18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**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  
18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHOKI, ISSAC Y  
**Address:** 18660 COLLINS AVENUE SUITE 101  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** VPD  
**Name:** ROBINSON-SHOKI, BONITA  
**Address:** 18660 COLLINS AVENUE SUITE 101  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: BONITA ROBINSON SHOKI

VPD

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date