


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90020 050 ***150.00

DOCUMENT # P98000005464	
1. Entity Name JUICETECH INC.	

Principal Place of Business 2501 PARK STREET LAKE WORTH FL 33460	Mailing Address 2501 PARK STREET LAKE WORTH FL 33460
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2. Principal Place of Business 241 SW 21 TERR	3. Mailing Address 241 SW 21 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33312	Country USA
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33312	Country USA

4. FEI Number 65-0808738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAWN, HENRI C/O HESTON & SLATKIN 9900 W. SAMPLE RD., SUITE 400 CORAL SPRINGS FL 33065	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUGENDER, GARY P.O. BOX 162 MONTICELLO NY 12701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, BRUCE 2501 PARK STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, LEE 2501 PARK STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEMAN, DAVID 2501 PARK STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID SPENCER BRUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 SW 21 TERR. Ft Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER LEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 SW 21 TERR. Ft Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEMAN DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 SW 21 TERR. Ft Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Bruce Spencer** **2/19/04** **954-554-7330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #