

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000005464

1. Entity Name

JUICETECH INC.



Principal Place of Business

**241 SW 21 TERR.
FORT LAUDERDALE FL 33312**

Mailing Address

**241 SW 21 TERR.
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0808738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAWN, HENRI
C/O HESTON & SLATKIN
9900 W. SAMPLE RD., SUITE 400
CORAL SPRINGS FL 33065**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TUGENDER, GARY
STREET ADDRESS P.O. BOX 162
CITY-ST-ZIP MONTICELLO NY 12701

TITLE VD ☐ Delete
NAME SPENCER, BRUCE
STREET ADDRESS 241 SW 21 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE S ☐ Delete
NAME SPENCER, LEE
STREET ADDRESS 241 SW 21 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE T ☐ Delete
NAME ROSEMAN, DAVID
STREET ADDRESS 241 SW 21 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 - 954-584-7330
Date Daytime Phone #