2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 16, 2007 8:00 am Secretary of State DOCUMENT # P98000005464 03-16-2007 90138 001 ***115.00 1. Entity Name JUICETECH INC. 03-16-2007 90138 002 ****35.00 Principal Place of Business Mailing Address 241 SW 21 TERR. 7439 LIVERPOOL COURT FORT LAUDERDALE, FL 33312 BOYNTON BEACH, FL 33437 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0808738 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAWN, HENRI SHAWN LAW OFFICES SHAWN, HENRI Street Address (P.O. Box Number is Not Acceptable) SHAWN LAW OFFICES 5100 WEST COPANS RD., SUITE 400 7439 Liverpool Court MARGATE, FL 33063 City Boynton Beach 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) 9. Election Campaign Financing . FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Defete ☐ Change NAME TUGENDER, GARY NAME STREET ADDRESS P.O. BOX 162 STREET ADDRESS CITY-ST-ZIP MONTICELLO, NY 12701 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SPENCER, BRUCE NAME NAME STREET ADDRESS 241 SW 21 TERR STREET ADDRESS CITY - ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SPENCER, LEE NAME STREET ADDRESS 241 SW 21 TERR STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete THEF ☐ Change ☐ Addition NAME ROSEMAN, DAVID NAME STREET ADDRESS 241 SW 21 TERR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 agree with all other like empowered.

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2007 FOR PROFIT CORPORATION

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2. Principal	Place of Business - No P.O. Box #	3. Mailing Address							
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Suite. Apt. #, etc		Suite, Apt. #, etc.			02262007	Chg-P	CR2E0	34 (12/06)	
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Zip	Country	ountry Zip Co		Iry		of Status Desired		8.75 Ad	ditional
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and	Address of New		 _	
		→		Name SHA	WN, HENRI		V LAW O	-	
SHAWN,									
SHAWN LAW OFFICES 5100 WEST COPANS RD., SUITE 400				Street Address (P.O. Box Number is Not Acceptable)					
MARGATE, FL 33063				7439 Liverpool Court				1 7'- 0	
,				Boynto	on Beach		FL	3343	⁹ 7
	e named entity submits this statement for	or the purpose of changing it	s registere	ed office or registe	ered agent, or boti	n, in the State of F	lorida. I am l	amiliar with,	and accept
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SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstuting) DATE									
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SIGNAT	TURE: Sun 14	cal GAR	y 7	UGENDE	R 3	/9/07	845	194-	4266
	SIGNAPORE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		/ Ogie	On	ylime Phone #	