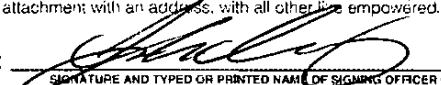


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90053 047 ***150.00

DOCUMENT # S56297 1. Entity Name ALL FLORIDA JUICE CORPORATION, INC.					
Principal Place of Business 4406 BRIDGES RD. ONA, FL 33865 US			Mailing Address 4406 BRIDGES RD. ONA, FL 33865 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01232005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0313643	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WAGNER, DENISE 4521 MERCADO DR SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ABRONS, H L RT 1 BOX 3-A ONA, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT JASON CHANG RT. 1, BOX 3-A ONA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S NATARAJAN, LATHA 510 MADISON AVE NEW YORK, NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	☐ Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-4-05 Daytime Phone: 863-735-1149					