2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90530 015 ***150.00

DOCUMENT # S73916

1. Entity Name
I LOVE JUICY, INC.

Principal Place of Business
670 N.E. 114TH STREET
MIAMI, FL 33161

Mailing Address
670 N.E. 114TH STREET
MIAMI, FL 33161

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9 ISLAND AVE	401 Biscayne Blvd
Suite, Apt. #, etc. #2205	Suite, Apt. #, etc. #1105
City & State Miami Beach, Fl	City & State Miami Fl
Zip 33139 Country U.S.A	Zip 33132 Country U.S.A

4. FEI Number 65-0279881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAKIM, JOSEPH
670 NE 114TH STREET
MIAMI, FL 33161

7. Name and Address of New Registered Agent
Name: Joseph Hakin
Street Address (P.O. Box Number is Not Acceptable): 9 ISLAND Ave #2205
City: Miami Beach FL Zip Code 33139

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D HAKIM, JOSEPH 670 NE 114TH STREET MIAMI, FL ☐ Delete	HAKIM, JOSEPH 9 ISLAND AVE #2205 Miami Beach Fl 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAKIM, CARLA 4830 W. PARK RD. HOLLYWOOD, FL 33021 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: [signature] 4/28/2005 305.373.1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #