

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000030458

**Entity Name:** MIAMI JUICE CORP.

**Current Principal Place of Business:**

18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 65-0447924

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOKI, ISSAC  
18660 COLLINS AVENUE  
SUITE 101  
SUNNY ISLES BEACH, FL 33160 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SHOKI, ISSAC Y  
Address 18660 COLLINS AVENUE SUITE 101  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VPD  
Name ROBINSON-SHOKI, BONITA  
Address 18660 COLLINS AVENUE SUITE 101  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONITA ROBINSON-SHOKI

VP

02/19/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date