


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 496682**  
 1. Entity Name  
**JUNIPER INDUSTRIES OF FLORIDA, INC.**



Principal Place of Business: **3650 N. 36TH AVE. VILLA 12 HOLLYWOOD, FL 33021**  
 Mailing Address: **72-15 METROPOLITAN AVE MIDDLE VILLAGE, NY 11379-2107**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1656484** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WIENER, JESSE L**  
**3650 N 36TH AVE**  
**HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

TITLE	V
NAME	WIENER, ELLIOT
STREET ADDRESS	3650 N 36TH AVE VILLA
CITY-ST-ZIP	HOLLYWOOD, FL 00000,
TITLE	PD
NAME	WIENER, JESSE L
STREET ADDRESS	3650 N 36TH AVE VILLA
CITY-ST-ZIP	HOLLYWOOD, FL 00000,
TITLE	TD
NAME	WIENER, CELIA
STREET ADDRESS	3650 N 36TH AVE VILLA
CITY-ST-ZIP	HOLLYWOOD, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: Jesse L Wiener 1-4-05 718-326-2546  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JESSE L WIENER, PRESIDENT** Date Daytime Phone #