

**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000053186
1. Entity Name
THE BEV CORPORATION



Principal Place of Business
990 SOUTH FLAMINGO RD.
DAVIE, FL 33325

Mailing Address
2001 TONNELLE AVE
NORTH BERGEN, NJ 07047

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0230742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN
990 S FLAMINGO RD
DAVIE, FL 33325

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: *John Reed* JOHN REED 6/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIROTKIN, JOSEPH 16331 VINTAGE OAK LN DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALVARADO, LILLIAN 21 ETHERIDGE DR CARTERET, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/06/05-80002-004 550.00

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: *Lillian Alvarado* Lillian Alvarado SECRETARY 6/29/05 201 330-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #