


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 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



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-0230742
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 REED, JOHN
 990 S FLAMINGO RD
 DAVIE, FL 33325

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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 re-registering)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

000000574049
 08/10/06-80004-019 550.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | P |
| NAME | SIROTKIN, JOSEPH |
| STREET ADDRESS | 16331 VINTAGE OAK LN |
| CITY - ST - ZIP | DELRAY BEACH, FL 33484 |
| TITLE | S |
| NAME | ALVARADO, LILLIAN |
| STREET ADDRESS | 21 ETHERIDGE DR |
| CITY - ST - ZIP | CARTERET, NJ |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ Daytime Phone # _____