



FILED
Apr 17, 2008 8:00 am
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90032 047 ***150.00

DOCUMENT # P07000019707				
1. Entity Name RKR BEVERAGE, INC.				
Principal Place of Business 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563 US		Mailing Address 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 127		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		
Zip	Country	Zip	Country	
32561	USA	32561	USA	
4. FEI Number 20-8437992		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 KAPLE, IAN 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City		
FL		FL		
Zip Code		Zip Code		
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 (not applicable) (NOTE: Registered Agent signature required when registering)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD KAPLE, IAN 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	VP D LOPAKA ROBELLO, RODNEY 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	S D KAIPO ROBELLO, CHAD 2631 GULF BREEZE PKWY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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 supplied by P.O. Box 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: 		PRESIDENT 3/15/08 850 479 3750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

40070354



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