FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jan 26, 2006 8:00 am Secretary of State

1/19/2006 Date

Daytime Phone #

DOCUMENT # POPOCOO 18 750				01-26-2006 90047 034 ***150.00		
BEAST ROW INC. , D	BA MIXER'S BAR	& GRILLE				
DO NOT WRITE IN THI			S SPACE		60006702	
2. Principal Place of		3. Mailing Address				
3430 EASTLAKE RD SUITE # 1 Suite, Apt. #, etc.		Suite, Apt. #, e	etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For		
PALM HARBOR, FL				59-3564400	Not Applicable	
Zip 34685	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additiona Fee Required
					ne and Address of Current Regis	tered Agent
DO NOT WRITE IN THIS SPACE			GE	Name GERARD A. VALENTE Street Address (P.O. Box Number is Not Acceptable) 3430 EASTLAKE RD SUITE #1		
			<u>34</u>			
			_	City		Zip Code
			P/	LM HARBO	FL	34695
State of Florida. I	d entity submits this am∫fami∮ar with, a	statement for the pur ndgaccept the obligation	pose of chang ons of register	ging its regis ed agent.	stered office or registered agent, o	r both, in the
SIGNATURE	41-10	GER.	ARD A. VALE	NTE, VICE	PRESIDENT	1/19/2006
Signature, typed or printed name of registered agent and title if an January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				(NOTE: Negist	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payabl 10		AND DIRECTORS	11.			
TITLE NAME	PRESIDENT NANCY A. DATTI		TITLE			
STREET ADDRESS	2822 GREY OAK		NAME STREI	T ADDRESS	5	
CITY-ST-ZIP	TARPON SPRING		CITY-	ST-ZIP		
TITLE NAME	VICE PRESIDENT GERARD A. VALI		TITLE NAME			
STREET ADDRESS	2822 GREY OAK		1,41,41,41,41,41,41,41,41,41	ET ADDRESS	3	
CITY-ST-ZIP	TARPON SPRING	SS ,FL . 34688		ST-ZIP		
TITLE NAME			TITLE NAME			
STREET ADDRESS				TADDRESS	BONGEN	/
CITY-ST-ZIP			CITY	ST-ZIP	DO NOT W	KILE
TITLE NAME			TITLE		IN THIS SI	PACE
STREET ADDRESS			NAME STREI	ET ADDRESS		
CITY-ST-ZIP			CITY-8			
TITLE			TITLE			
NAME STREET ADDRESS			NAME	TADDRESS		
CITY-ST-ZIP			CITY			
TITLE			TITLE			
NAME STREET ADDRESS			NAME	TADDOCCO		
CITY-ST-ZIP			CITY-	T ADDRESS T-ZIP		
12. I hereby certify that	the information suppli	ed with this filing does no	t qualify for the	exemption s	tated in Section 119.07(3)(i), Florida Si	atutes. I further
certify that the inform	nation indicated on th	is report or supplemental	report is true a	and accurate a	and that my signature shall have the sa	me legal effect
Chapter 607, Florida	ui, inat i am an oπice Statutes; and that m	or director of the corpor y name appears in Block	alion or the rec . 10 or on an at	eiver or truste tachment with	ee empowered to execute this report as an address, with all other like empower	s required by ered.

GERARD A. VALENTE, VICE PRESIDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR