## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM DOCUMENT # S88757 Secretary of State 1. Entity Name BEVBAR CORP. Principal Place of Business Mailing Address 712 U.S. HIGHWAY ONE 712 U.S. HIGHWAY ONE SUITE 400 SUITE 400 N. PALM BEACH, FL 33408 N. PALM BEACH, FL 33408 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0295719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, FRED C. DO NOT WRITE 712 U.S. HIGHWAY ONE SUITE 400 IN THIS SPACE N. PALM BEACH, FL 33408 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CROWN, BARRY NAME STREET ADDRESS 191 SPYGLASS CT CITY-ST-ZIP JUPITER, FL TITLE 190000182446 01/19/05-80026-023 150.00 NAME CROWN, BEVERLY STREET ADDRESS 191 SPYGLASS CT JUPITER, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

California (California California California

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