

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004631

FILED
Apr 02, 2015
Secretary of State
CC1993449684

Entity Name: BEERS ENTERPRISES, INCORPORATED

Current Principal Place of Business:

683 MAIN STREET
UNIT A-2
OSTERVILLE, MA 02655

Current Mailing Address:

683 MAIN STREET
UNIT A-2
OSTERVILLE, MA 02655 US

FEI Number: 04-3108436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEERS, SCOTT SPRES
7939 SE HEMPSTEAD CIRCLE
HOBE SOUND, FL 33455 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BEERS, SCOTT S
Address 7939 SE HEMPSTEAD CIR
City-State-Zip: HOBE SOUND FL 33455

Title TREA
Name PFAFF, ERIC J
Address 683 MAIN ST. UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title SECR
Name ELURI, AREEG
Address 683 MAIN ST. UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name BEERS, SCOTT
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name PFAFF, ERIC
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name HARTZ, PETER
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name KHOURY, AMIN C.
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name COWART, JIM
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AREEG ELURI

**CORPORATE
SECRETARY**

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAHAR, DAVE
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR
Name DOBRON, ALBERT
Address 683 MAIN STREET
 UNIT A-2
City-State-Zip: OSTERVILLE MA 02655