

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004631

**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 SECRETAR** 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