


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # 148635 1. Entity Name THE BREWER COMPANY OF FLORIDA INC | |  |
| Principal Place of Business 10400 NW 121 WAY MIAMI, FL 33178 US | Mailing Address 10400 NW 121 WAY MIAMI, FL 33178 US | |



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-0558678 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---|

6. Name and Address of Current Registered Agent

**BREWER, WALTER R
8520 SW 57TH PATH
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

01-19-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BREWER, WALTER R 8520 SW 57TH PATH MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS BREWER, KATHERINE 8520 SW 57TH PATH MIAMI, FL 33143 |
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04/16/05-800008-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05

Date

305-364-3595

Daytime Phone #