


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90359 033 \*\*\*150.00

<b>DOCUMENT # 315363</b> 1. Entity Name <b>BREWERS &amp; BOTTLERS EQUIPMENT CORPORATION</b>					
Principal Place of Business <b>2513 GULF BLVD</b> <b>INDIAN ROCKS BEACH, FL 33785 US</b>			Mailing Address <b>PO BOX 248</b> <b>INDIAN ROCKS BEACH, FL 33785 US</b>		
2. Principal Place of Business <b>1502 BEACH TRAIL</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		4. FEI Number <b>06-0725200</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GREENBERG, ANITA R.</b> <b>2513 GULF BLVD.</b> <b>INDIAN ROCKS BCH, FL 33785</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1502 BEACH TRAIL</b> City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, BERNARD 2513 N. GULF BLVD. INDIAN ROCKS BEACH, FL 33785		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2502 BEACH TRAIL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, ANITA 2513 N. GULF BLVD. INDIAN ROCKS BCH, FL 33785		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2502 BEACH TRAIL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Bernard Z. Greenberg</b> <b>BERNARD Z. GREENBERG</b> <b>4/27/06</b> <b>727 545-3480</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					