2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #857035

US

1. Entity Name

BEVERAGE CANNERS LIQUIDATING CORPORATION



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business

3595 NW 110 ST MIAMI, FL 33167 Mailing Address

201 S BISCAYNE BLVD STE 2600

MIAMI, FL 33131 US



07012004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2311443

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEHMAN, THOMAS R PA 201 S BISCAYNE BLVD STE 2600 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent sig	nature required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	ÖFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	HIRST, HENRY H 201 S BISCAYNE BLVD MIAMI, FL 331314336			1100000163749 07/07/04-80015-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEYDA, CLEMENT 3595 NW 110 ST MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLEISCHER, ALLEN 3595 NW 100 ST MIAMI, FL 33667		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
HITLE 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)(1). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 for trustee empowered @execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all effect the empowered.

SIGNATURE;

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