2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003634

City-St-Zip:

Entity Name: BEVSYSTEMS INTERNATIONAL, LTD., A BERMUDA COMPANY

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
501 BRICKELL KEY DRIVE, SUITE 407 MIAMI, FL 33131	1315 S. CLEVELAND STREET CLEARWATER, FL 33755
Current Mailing Address:	New Mailing Address:
501 BRICKELL KEY DRIVE, SUITE 407 MIAMI, FL 33131	1315 S. CLEVELAND STREET CLEARWATER, FL 33755
FEI Number: 52-2329442 FEI Number Applied For() FEI N	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
PENA, MARK W 334 S HYDE PARK AVE 444 TAMPA, FL 33606 US	
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: () Delete Title: (X) Change () Addition TATUM, GEORGE ROBERT III GRAY, RAND PSD Name: Name: 501 BRICKELL KEY DRIVE, SUITE 407 Address: 9431 SUMMERBREEZE TERRACE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: NEW PORT RICHEY, FL 34655 US Title: () Delete Title: VPTD (X) Change () Addition LIOR, SEGAL VPTD DAVIDSON, JAMES D Name: Name: Address: Address: 321 SOUTH STREET ASAPH 5833 DARTMOUTH AVE. ST. PETERSBURG, FL 33710 US ALEXANDRIA, VA 22314 City-St-Zip: City-St-Zip: Title: Title: $(\)\ Change\ (X)\ Addition$ () Delete Name: Name: GOEREE, MICHAEL D Address Address: 334 S. HYDE PARK AVE.

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

TAMPA, FL 33606 US

SIGNATURE: LIOR SEGAL VPTD 04/27/2004