## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNOAL REPORT											
DOCUMENT # F04000004507  1. Entity Name SCHWELMER BEER IMPORTS NORTH AMERICA, INC.							FILED 05 NOV 29 AM 12: 57				
Principal Place of Business 172 NORTH 11TH STREET SUITE 6 BROOKLYN, NY 11211			Mailing Address 172 NORTH 11TH STREET SUITE 6 BROOKLYN, NY 11211		1 48 7 119 8 419 1	ECR TE FO LlanaEE			<b>11</b> 1014 <b>81</b> 1 So		
2. Principal Pi	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11092005	Chg-P	CR2E034	(10/03)		
City & State			City & State			4. FEI Numbe			_ <del></del>	olied For Applicable	
Zip	Country		Zip Country		itry	5. Certificate of	\$8.75 Additional Fee Required				
•	6. Name	and Address of Current I	Registered Agent	jistered Agent			Address of New R	egistered Age	ent .	***************************************	
HEIMANN,			Name  Street Address (P.O. Box Number is Not Acceptable)								
803 BELL ROAD SARASOTA, FL 34240					Street Address (	P.O. Box Numbe	r is Not Acceptable		=		
					City			FL	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 according to the obligations of registered agent.										and accept	
SIGNATURE_	Same at the		(who contains)		DATE	•					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Am	ended Al	R is \$61.25	.00 May Be led to Fees								
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE NAME STREET ADDRESS	C Delete TITL SCHOEBEL, MARKUS PATRICK ADDRESS SCHLEIFKOTTEN 8 A STR					50 11/29	<b>00061</b> /0501060	7585 )014	] Change   9 6   **61.	□ Addition	
CITY-ST-ZIP		RUCKHUEVEL/GERIVI			-ST-ZIP						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D LOHBECI LUITPOL 67483 ED	·						Ĺ	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-	<u></u>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCH, PI 415 MAR		Delete	TITL NAM STRE	E	•		С	Change	Addition	
TITLE NAME	S P	US, LARS	☐ Delete	TITL	E				] Change	Addition	
STREET ADDRESS, CITY+ST-ZIP		FORD AVENUE YN, NY 11211			EET ADORESS '-ST-ZIP				,	•	
TITLE NAME STREET ADORESS CITY-ST-ZIP			. Delete		l				] Change	Addition	
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  Date  D											
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