

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90444 032 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # F86185 1. Entity Name DIVERSIFIED BEVERAGE SYSTEMS INCORPORATED | | | |
| Principal Place of Business 11460 NW 56TH DRIVE # 115 CORAL SPRINGS, FL 33076-3128 US | | Mailing Address 11460 NW 56TH DRIVE # 115 CORAL SPRINGS, FL 33076-3128 US | |
| 2. Principal Place of Business 4790 Blossom Drive Suite, Apt. #, etc. | | 3. Mailing Address 4790 Blossom Drive Suite, Apt. #, etc. | |
| City & State Delray Beach, FL Zip Country 33445 USA | | City & State Delray Beach, FL Zip Country 33445 USA | |
| 4. FEI Number 59-2197899 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALLSHOUSE, SUSAN E. 11460 NW 56TH DRIVE # 115 CORAL SPRINGS, FL 33076-3128 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4790 Blossom Drive City Delray Beach FL Zip Code 33445 | |
| 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 _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PVST NAME ALLSHOUSE, SUSAN E. <input type="checkbox"/> Delete STREET ADDRESS 11460 NW 56TH DRIVE # 115 CITY-ST-ZIP CORAL SPRINGS, FL 330763128 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 4790 Blossom Drive NAME Delray Beach FL 33445 STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 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: Susan E. Allshouse, Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-26-04 561-498-8105 <small>Date Daytime Phone #</small> | |