


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000513 1. Entity Name PETE'S BREWING COMPANY	
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Principal Place of Business 14800 SAN PEDRO AVE 3RD FLOOR SAN ANTONIO, TX 78232	Mailing Address 14800 SAN PEDRO AVE 3RD FLOOR SAN ANTONIO, TX 78232
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04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0110743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**000000152496
05/04/04-80088-009 150.00**

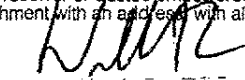
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS E 505 TOMAHAWK TRAILS SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLZ, JAMES J 14102 BLUFF GROVE SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM, RUSSELL S 314 ROYAL OAKS SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, WILLIAM 19510 BATTLE OAK SAN ANTONIO, TX 78258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:



William A. Levine, Secretary 4/28/04 (210)490-9128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #