2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

May 05, 2004 8:00 am Secretary of State **DOCUMENT # F95000002200** 1. Entity Name 05-05-2004 90201 030 ***150.00 PALM BEACH GARDENS BEVERAGE, INC. Principal Place of Business Mailing Address 14180 DALLAS PARKWAY, STE 900 14180 DALLAS PARKWAY, STE 900 **24071**030 DALLAS TX 75240 DALLAS TX 75240 2. Principal Place of Business 3. Mailing Address 4185 14185 Na11 Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 75-2593965 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BENNETT, JR, ARCHIE NAME NAME حادلاه 14180 DALLAS PKWY, STE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75254 CITY-ST-ZIP Delete Change TITLE ☐ Addition TITLE NAME BENNETT, MONTY NAME STREET ADDRESS 14180 DALLAS PKWY, STE 900 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75254 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Knazt

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