2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006494

1. Entity Name
NEWBEVCO, INC.

Principal Place of Business	Mailing Address
ONE NORTH UNIVERSITY DRIVE STE 400A PLANTATION, FL 33324	ONE NORTH UNIVERSITY DRIVE STE 400A PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0335323

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPORELLA, NICK A
STREET ADDRESS	ONE N. UNIVERSITY DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	PS
NAME	CAPORELLA, JOSEPH G
STREET ADDRESS	ONE N. UNIVERSITY DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	C
NAME	MCCOY, DEAN A
STREET ADDRESS	ONE N. UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dean A McCoy 8-11-04 954 581 0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #