

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006494

1. Entity Name
NEWBEVCO, INC.



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

Mailing Address
**ONE NORTH UNIVERSITY DRIVE
STE 400A
PLANTATION, FL 33324**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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	

000000350214
05/02/05-80095-020 158.75

**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: Dean McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date Daytime Phone #