


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90220 002 \*\*\*158.75

<b>DOCUMENT # F96000006494</b> 1. Entity Name NEWBEVCO, INC.	
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Principal Place of Business ONE NORTH UNIVERSITY DRIVE STE 400A PLANTATION, FL 33324	Mailing Address ONE NORTH UNIVERSITY DRIVE STE 400A PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0335323	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPORELLA, NICK A ONE N. UNIVERSITY DR FORT LAUDERDALE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAPORELLA, JOSEPH G ONE N. UNIVERSITY DR FORT LAUDERDALE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCCOY, DEAN A ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACKEN, GEDRGE R. ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5/1/2008 054-581-0922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #