2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State DOCUMENT #F97000004822 05-03-2007 90068 011 ***558.75 BRAVO! FOODS INTERNATIONAL CORP. Principal Place of Business Mailing Address 40104290 11300 US HWY 1 11300 US HWY 1 SUITE 202 SUITE 202 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. Suite 400 05022007 CR2E034 (12/06) Cha-P 4. FEI Number City & State City & State Applied For 62-1681831 Not Applicable Zip Country ZipCountry \$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 LURVEY, JOHN A Street Address (P.O. Box Number is Not Acceptable) CONROY, SIMBERG & GANON 1801 CENTRE PARK DR EAST, STE 200 WEST PALM BEACH, FL 33401 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 P/D warren, Roy G. Mr. Director Change TITLE Delete TITLE Addition WARREN, ROY G MR NAME NAME 119 Bowsprit Dr. STREET ADDRESS 788 LAKESIDE DRIVE STREET ADDRESS V. Polm Beach FL 33408 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE **CFO** ☐ Delete ☐ Change Addition Patipa, Benjamin Mr. KAPLAN, JEFFREY J MR NAME NAME 6139 Indian Forest Circle 11300 US HIGHWAY NO 1 STREET ADDRESS STREET ADDRESS Lake Worth, FL 33463 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP General Course 1 - VP ☐ Change Addition ☐ Delete Toulan, Roy Ir. Mr. 6 Wheeler's Point Road CUMMINGS, ROBERT J MR NAME NAME 2820 NE 44TH STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY-ST-ZIP Gloviester. MA 01930 CAO Addition TITLE ☐ Delete ☐ Change kee, Tommy, Mr. 199 Eggleton Court Palm Beach Gardens, FL 33418 HIRSCHMAN, STANLEY A MR NAME NAME STREET ADDRESS 2600 RUTGERS COURT STREET ADDRESS CITY-ST-ZIP PLANO, TX 75093 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE McCornack, John Mr-BLANDING, ART MR NAME NAME 9840Wildwood Ct STREET ADDRESS 425 APACHE DR STREET ADDRESS Hyhland, IN 46382 CITY-ST-ZIP JANESVILLE, WI 53545 CITY-ST-ZIP Bos, Gerald Ar. 10270 N. Ambassador Dine ☐ Delete ☐ Change Addition TITLE TITLE PEARCE, PHILLIP MR NAME 6624 GLENLEAF STREET ADDRESS STREET ADDRESS Kansas City, MB 64804 CHARLOTTE, NC 28270 CITY-ST-ZIP

FILED

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. Roy Toulan. Sr. UP-General Counsel May 2, 2007 Sb1-625-1411 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO