## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

## **FILED** Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # K64054  1. Entity Name AMERICAN SNACK & BEVERAGE, INC.					3	eci etai y	oi Sta
3901 RAVEN SUITE 101	ISWOOD RD.	Mailing Address 3901 RAVENSWOOD RD. SUITE 101 DANIA BEACH, FL 33312 U	JS	01042005	No Chg-P	CR2E034 (10/0	
<b>D</b>	O NOT WRITE I	CE	4. FEI Numbe 65-009		·	Applied For Not Applicable Additional	
SUITE 101	ENSWOOD RD.	stered Agent			NOT W		
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 Begistered Agent signature required when reinstating)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY+ST-ZIP	OFFICERS AND OIRE PD HACKER, ALBERT 3901 RAVENSWOOD RD. #101 DANIA BEACH, FL 33312	CTORS				)253621 -80040-016	150.00
TITLE NAME STREET ADDRESS CITY · ST - ZIP	ST HACKER, BEVERLY 3901 RAVENSWOOD RD. DANIA BEACH, FL 33312	- · · · · · · · · · · · · · · · · · · ·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	71.10	· · · · · · · · · · · · · · · · · · ·		IN -	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				··-		· *	·
12. I hereby of indicated of the corchanged.	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower , or on an attachment with an address, with a	filling does not qualify for the exe e and accurate and that my signa ed to execute this report as requ all other like empowered.	mption stated in Se ture shall have the ired by Chapter 607	ection 119.07(3)( same legal effec 7, Florida Statute	(i), Florida Statutes, I of as if made under c os, and that my name	further certify that the path; that I am an office appears in Block 10	e information cer or director or Block 11 if

Mem Bee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE: