2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-09-2005 90154 006 *****5.00
03-22-2005 90182 039 ****45.00

2

DOCUMENT # L02000011579

1. Entity Name
PREMIUM ENERGY BEVERAGES, LLC

Principal Place of Business	Mailing Address
6589 PIAMONTE DR. BOYNTON BEACH FL 33437	6589 PIAMONTE DR. BOYNTON BEACH FL 33437

2UU23b29

1st MOORE CR2E063 (10/04)

2. Principal Place of Business	3. Mailing Address
6589 Piamonte Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State
Zip: 33437 Country	Zip Country

4. FEI Number: 81-0553007 ~~AP-PLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSKOWITZ, DAVID 6589 PIAMONTE DR. BOYNTON BEACH FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] David Moskowitz 2/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOSKOWITZ, DAVID		NAME		
STREET ADDRESS	6589 PIAMONTE DR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] David Moskowitz 2/8/05 561-734-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #