

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L24967

1. Entity Name
L.I.M. BEVERAGE TECH, INC.



Principal Place of Business
1329 WEST 76 STREET
%LEONARD MAINEGRA
HIALEAH, FL 33014

Mailing Address
1329 WEST 76 STREET
%LEONARD MAINEGRA
HIALEAH, FL 33014



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For	
Not Applicable	

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAINEGRA, LEONARDO
1329 WEST 76 STREET
HIALEAH, FL 33014

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP
NAME	MAINEGRA, LEONARDO
STREET ADDRESS	1329 WEST 76 STREET
CITY-ST-ZIP	HIALEAH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000327020
04/25/05-80021-006 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 20 - 2005

Date

305/362-3319

Daytime Phone #