

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36537

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: COMMERCIAL BEVERAGE SYSTEMS, INC.

## Current Principal Place of Business:

215 PINEDE STREET  
185  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## New Mailing Address:

## Current Mailing Address:

215 PINEDA ST.  
SUITE 185  
LONGWOOD, FL 32750 US

215 PINEDE STREET  
185  
LONGWOOD, FL 32750 US

FEI Number: 59-2981480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PARISI, THOMAS  
128 RIVER OAKS CIRCLE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

PARISI, THOMAS PRES.  
128 RIVER OAKS CIRCLE  
SANFORD, FL 32771 US

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.

SIGNATURE: THOMAS PARISI

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARISI, THOMAS  
Address: 128 RIVER OAKS CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PARISI, THOMAS PRES.  
Address: 128 RIVER OAKS CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PARISI

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date