

SIGNATURE:

FILED Apr 10, 2007 08:00 A Secretary of State DOCUMENT # M11893 1. Entity Namo BEVTEC INT. CORP. Principal Place of Business Mailing Address 13330 SW 128TH ST 13330 SW 128TH ST MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato 4. FEI Number City & State Applied For 59-2528372 Not Applicable Zip Country Zip Country \$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 PANASIUK, MICHAEL 13330 SW 128 STR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be " After May 1, 2007 Fee Will Be \$550.00 idea. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. U00000699624 Change THIE Delete THE PANASIUK, ALICIA NAME NAME 04/19/07-80050-003 150.00 8931 SW 200TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP THEF Delete TITLE ☐ Change Addition PANASINK, MICHAEL NAME NAME 8931 S.W. 200TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP CITY-ST-ZIP ШЕ Delete 1ITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete III ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acqurate and that my signature shall have the same legal offect as if made under eath; 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.

arch - 26/07