2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N02000008973

Entity Name: BEST FLORIDA BEER INC.

Current Principal Place of Business:

5918 N OTIS AVENUE
TAMPA, FL

New Principal Place of Business:

Current Mailing Address:

5918 N OTIS AVENUE
TAMPA, FL

New Mailing Address:

FEI Number: 11-3675912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUCH, MICHAEL
5918 N OTIS AVENUE
TAMPA, FL US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FOUCH, MICHAEL
Address: 5918 N OTIS AVENUE
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: MORGAN, DAVE
Address: 1316 AMBLE LANE
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: HAHN, KAREN
Address: PO BOX 24691
City-St-Zip: TAMPA, FL

Title: DT ( ) Delete
Name: KOENIG, KEN
Address: 11005 BOTTLEBRUCH PLACE
City-St-Zip: TAMPA, FL

Title: DS ( ) Delete
Name: O'REGAN, PHIL
Address: 7506 N CAMERON
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FOUCH DP 03/06/2007
Electronic Signature of Signing Officer or Director — Date