

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000049 1. Entity Name FLORIDA BEER WHOLESALERS ASSOCIATION, INC.		
Principal Place of Business 215 S. MONROE ST SUITE 340 TALLAHASSEE, FL 32301 US	Mailing Address 215 S. MONROE ST SUITE 340 TALLAHASSEE, FL 32301 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RUBIN, MITCHELL J 215 S. MONROE ST SUITE 340 TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> \$5.00 May Be Added to Fees <div style="text-align: right;"> 000000617226 02/07/07-80065-013 61.25 </div> </div>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, MITCHELL J 215 S. MOROE ST STE. #340 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TRANSOU, HAL G 3420 W. THARPE ST. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOHN 2900 W. FIRST STREET SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VROMAN, MARK 4747 PROGRESS AVE NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: Mitchell J. Rubin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 01/31/2007 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> 850/224-2337 <small>Daytime Phone #</small> </div> </div>		