


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P00000027876 . |  |
| 1. Entity Name BEVERAGE LAW CONSULTANTS, INC. | |

FILED
Sep 12, 2008 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 848 EXECUTIVE DRIVE 100 OVIEDO, FL 32765 | Mailing Address 848 EXECUTIVE DRIVE 100 OVIEDO, FL 32765 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|



| | | | |
|------------------------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07142008 Chg-P CR2E034 (12/06)

| | |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 59-2857900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent GREER, JAMES A 848 EXECUTIVE DRIVE #100 OVIEDO, FL 32765 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 09/12/08-80004-014 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREER, JAMES A 848 EXECUTIVE DRIVE SUITE 100 OVIEDO, FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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

9/11/08 407-706-0035
Date Daytime Phone #