2005 FOR PROFIT CORPORATION

Apr 15, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000036455 1. Entity Name KINGS BEVERAGE USA, INC. Principal Place of Business Mailing Address 23003 S STATE ROAD 7 23003 S STATE ROAD 7 BOCA RATON, FL 33428 💆 BOCA RATON, FL 33428 No Chg-P CR2E034 (10/03) 03242005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0997948 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKIRTYCHEV, ARTHUR DO NOT WRITE 1629 RIVERVIEW RD # 520 DEERFIELD BEACH, FL 33441 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campalgn Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΠ MIKIRTYCHEV, ARTHUR NAME 1629 RIVERVIEW RD # 520 U00001307813 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 04/15/05-80072-DOB 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED