2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000036841

1. Entity Name

BARBARA BEVERAGE VARIETY, INC.



FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90206 006 ***150.00

							185							
Principal Place of Business				Mailing Address				4,00°	. .					
3960 WEST 16TH AVENUE #208 HIALEAH, FL 33012				3960 WEST 16TH AVENUE #208 HIALEAH, FL 33012					•					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.										
Suite, Apt. #, etc.				Suite, Apr. #, etc.				03212007	С	hg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Numb					pplied For nt Applicable	
Zip	ip Country			Zip Coun		ntry		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Regis	tered Agent				7. Name and	d Addre	ss of New F	Registered	Agent		
CAROLA ALEXANDED						Name								
GARCIA, ALEXANDER 3960 WEST 16TH AVENUE #208 HIALEAH, FL 33012				Street Address			ldress ((P.O. Box Number is Not Acceptable)						
THE COOLS														
						City					FI	Zip Cod	e	
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 agen	t and title	if applicable. (NOTE	: Registere	ed Agent signatur	re required	d when reinstating)			DATE			
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FILE NOW!!! FEE 1S \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution.			\$5. Add	.00 May Be led to Fees						
10. OFFICERS AND				CTORS			ADDITIONS	/CHAN	GES TO OFF	ICERS AN	D DIRECTOR	S IN 11		
TITLE	PVST			☐ Delete		E						Change	Addition	
NAME GARCIA, ALEXANDER STREET ADDRESS 3960 WEST 16TH AVENUE #208			8		NAM STRI	EET ADDRESS								
CITY-ST-ZIP HIALEAH, FL 33012					CITY	r-ST-ZIP								
TITLE	D			☐ Delete IITL								☐ Change	Addition	
NAME STREET ADDRESS	GARCIA, ALEXANDER SS 3960 WEST 16TH AVENUE #208				NAM	eet address								
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP								
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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 received 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:

follow