## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2006 90149 012 \*\*\*150 00 DOCUMENT # P01000062483 1. Entity Name TRIBÉCA BEVERAGE COMPANY Principal Place of Business Mailing Address 40077288 6911 BRYAN DAIRY RD STE 210 6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777 US LARGO, FL 33777 US 2. Principal Place of Business 3. Mailing Address 12399 BELCHER ROAD SOUTH 12399 BELCHER ROAD SOUTH SUITE 140 SUITE 140 04242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For LARGO, FL LARGO, FL 59-3728980 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33773 USA 33773 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANEJA, MANDEEP K TANEJA, MANDEEP K Street Address (P.O. Box Number is Not Acceptable) 12399 BELCHER ROAD SOUTH, 6911 BRYAN DAIRY RD STE 210 SUITE 140 LARGO, FL 33777 City 33773 LARGO 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 Z name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n TITLE ☐ Delete FITLE ☐ Change ☐ Addition TANĚJA, JUGAL K NAME MAME 6950 BRYAN DAIRY RD. STREET ADORESS STREET ADDRESS LARGO, FL 33777 CITY-ST-ZIP CITY-ST-ZIP DSTC DSTCEO ☐ Delete TITLE TITLE X Change Addition TANEJA, NAME TANEJA, MANDEEP K MANDEEP K NAME 12399 BELCHER ROAD SOUTH, SUITE 140 STREET ADDRESS 6911 BRYAN DAIRY RD STE 210 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 LARGO, FL C11Y - S1 - ZIP 33773 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CBY-\$1-7/P CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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.

FILED