2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 10, 2004 8:00 am **DOCUMENT # P01000071805** Secretary of State 09-10-2004 90006 014 ***150.00 SAN CAYETANO INVESTMENTS, INC. Mailing Address Principal Place of Business NADINE FOURNIER-BASZANGER **BREWED AWAKENINGS** 54072502 152 SE 19TH LANE 1021 #A CAPE CORAL PKWY EAST CAPE CORAL, FL 33990 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address 48 48 A ATLANTIC COURT 4848 A ATLANTIC COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 09072004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State FL CAPE CORAL CAPE CORAL 65-1122549 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASZANGER-FOURNIER, NADINE-Street Address (P.O. Box Number is Not Acceptable) 152 SE 19TH LANE CAPE CORAL, FL 33990 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. FOURNIER NADINE, BASZANGER TITLE Delete TITLE Change Addition FOURNIER NADINE, BASZANGER NAME NAME 4848 A ATLANTIC COURT STREET ADDRESS 4425 SE 13TH AVE STREET ADDRESS CAPEICORAL , FL , 33904 CITY-ST-7IP CAPE CORAL, FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE Change Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(i), 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

Daytime Phone #