
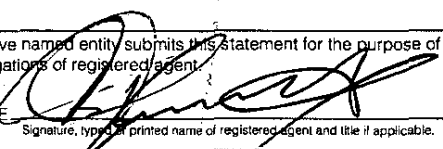
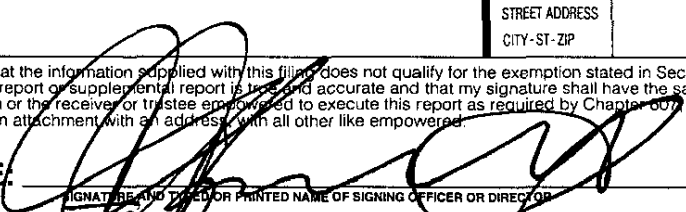


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 041 ***150.00

DOCUMENT # P01000083934					
1. Entity Name XSTREAM BEVERAGE, INC.					
Principal Place of Business 621 NW 53RD STREET ONE PARK PLACE #145 BOCA RATON, FL 33487			Mailing Address 621 NW 53RD STREET ONE PARK PLACE #145 BOCA RATON, FL 33487		
2. Principal Place of Business 4800 A NW 15th Ave Suite, Apt. #, etc.		3. Mailing Address 4800 A NW 15th Ave Suite, Apt. #, etc.			
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL		4. FEI Number 65-1132382	
Zip 33309 Country USA		Zip 33309 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARNSWORTH, TED 621 NW 53RD STREET ONE PARK PLACE #145 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: Farnsworth, Ted Street Address (P.O. Box Number is Not Acceptable): 4800 A NW 15th Ave City: Ft Lauderdale FL Zip Code: 33309		
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FARNSWORTH, TED <input type="checkbox"/> Delete 621 NW 53RD STREET SUITE 145 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FARNSWORTH, TED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4800 A NW 15th Ave Ft. Lauderdale FL 33309	
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	
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	
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	
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	
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	
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 609, 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			Date		Daytime Phone #