


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000113651</b> 1. Entity Name <b>PALM BEACH BREWERY ASSOCIATES, INC.</b>	
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Principal Place of Business <b>301 YAMATO RD #3101 BOCA RATON, FL 33431</b>	Mailing Address <b>301 YAMATO RD #3101 BOCA RATON, FL 33431</b>
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0062520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STOLTZ, MORRIS L II 301 YAMATO RD STE 3101 BOCA RATON, FL 33431</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

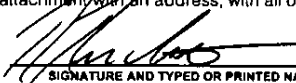

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000924884 05/20/08-80004-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLTZ, MORRIS L II 301 YAMATO RD #3101 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLTZ, A ARCHIE II 301 YAMATO RD #3101 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REICHENBAUM, RALPH 301 YAMATO RD #3101 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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.

**SIGNATURE:**

   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/08

Daytime Phone #