

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000002990

1. Entity Name

IMPULSE BEVERAGE CORPORATION



Principal Place of Business

2190 NW 89TH PL  
MIAMI, FL 33172

Mailing Address

2190 NW 89TH PL  
MIAMI, FL 33172

FILED

04 JUN -3 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03192003

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

75-2979858

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, HAROLD  
2190 NW 89TH PL  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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

900037576729  
06/02/04--01043--011 \*\*558.75

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, HAROLD
STREET ADDRESS	2190 NW 89TH PL
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-04