


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000007414

1. Entity Name
BEST BEER, INC.



Principal Place of Business Mailing Address

**3750 NE 4TH AVE
OAKLAND PARK FL 33333-2243** **PO BOX 39588
FORT LAUDERDALE FL 33339-9588**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

30-0034138 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REU-DOM & ASSOCIATES
3750 NE 4TH AVE
OAKLAND PARK FL 33334-2243**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOGEL, MICHAEL N	
STREET ADDRESS	2240 KIDWIN LANE	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHARE, REUBIN	
STREET ADDRESS	3750 NE 4TH AVE	
CITY - ST - ZIP	OAKLAND PARK FL 33334-2243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARE, DOMINIQUE	
STREET ADDRESS	3750 NE 4TH AVE	
CITY - ST - ZIP	OAKLAND PARK FL 33334-2243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000365083	
CITY - ST - ZIP	05/09/05-80022-012 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000365083	
CITY - ST - ZIP	05/09/05-80022-012 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____ **4/29/05** **(954) 564-2337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #