
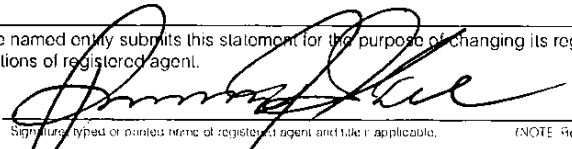
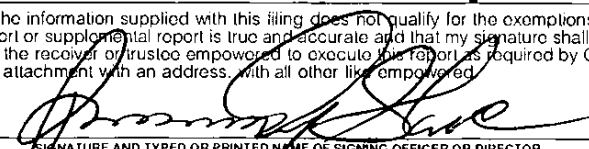


**\*2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90114 033 \*\*\*158.75

DOCUMENT # P02000007414			
1. Entity Name BEST BEER, INC.			
Principal Place of Business 3750 NE 4TH AVE OAKLAND PARK FL 33333-2243		Mailing Address PO BOX 39588 FORT LAUDERDALE FL 33339-9588	
2. Principal Place of Business - No P.O. Box # 1100 N.W. 53 <sup>RD</sup> ST. Suite, Apt. #, etc. SUITE # 6		3. Mailing Address Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State	
Zip 33309-3169		Country USA	
4. FEI Number 30-0034138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/06)	
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 SAME Street Address (P.O. Box Number is Not Applicable) 1100 N.W. 53 <sup>RD</sup> STREET SUITE # 6 City FT LAUDERDALE FL Zip Code 33309-3169	
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 		DATE 4/26/07	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		9. Election Campaign Financing Trust Fund Contribution. <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	D FOGEL, MICHAEL N 2240 KIDWIN LANE LAKE WORTH FL 33461 <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	P SHARE, REUBIN 3750 NE 4TH AVE OAKLAND PARK FL 33334-2243 <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	VP SHARE, DOMINIQUE 3750 NE 4TH AVE OAKLAND PARK FL 33334-2243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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: 		DATE 4/26/07 (954)564-2337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	