


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 025 ***158.75

DOCUMENT # P0200007414
 1. Entity Name
BEST BEER, INC.



Principal Place of Business Mailing Address
1100 N.W. 53RD ST. SUITE #6 FORT LAUDERDALE FL 33309-3169
PO BOX 39588 FORT LAUDERDALE FL 33339-9588 USA



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E034 (10/07)

4. FEI Number **30-0034138** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REU-DOM & ASSOCIATES
1100 N.W. 53RD STREET SUITE #6
FORT LAUDERDALE FL 33309-3169

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 **REUBIN SHARE** *[Signature]* **4/30/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FOGEL, MICHAEL N | |
| STREET ADDRESS | 2240 KIDWIN LANE | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SHARE, REUBIN | |
| STREET ADDRESS | 1100 N.W. 53RD ST., STE. #6 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309-3169 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SHARE, DOMINIQUE | |
| STREET ADDRESS | 1100 N.W. 53RD ST., STE. #6 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309-3169 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SHARE, DOMINIQUE | |
| STREET ADDRESS | 1100 N.W. 53RD ST. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309-3169 | |
| 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 | | |
| 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 | 1100 N.W. 53RD STREET, SUITE #6 | |
| 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 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 empowerments.
 SIGNATURE: *[Signature]* **REUBIN SHARE PRESIDENT** **4/30/08** **(954) 564-2337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #