
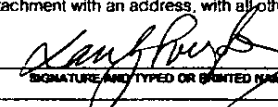


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90420 010 ***150.00

DOCUMENT # P02000062932			
1. Entity Name PILA BEVERAGES, INC.			
Principal Place of Business 1340 STIRLING ROAD UNIT 6 A DANIA BEACH, FL 33004		Mailing Address POST OFFICE BOX 5046 FORT LAUDERDALE, FL 33310-5046	
2. Principal Place of Business 40 DATA PROFESSIONALS, INC		3. Mailing Address PO Box 5023	
Suite, Apt. #, etc. 3935 NW 38TH TERRACE		Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country U.S.	Zip 33310	Country U.S.
6. Name and Address of Current Registered Agent DATA PROFESSIONALS, INC. 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DPST SVENSSON, LARS G 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309 <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	<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 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: 		LARS G. SVENSSON PRESIDENT 4-28-06 954-484-6998	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **02-0623164** Applied For ☐ Not Applicable ☐

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