2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Daytime Phone #

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DOCUMENT # P03000022556 1. Entity Name QUICK PICK BEVERAGE, INC.						04-29-2005 9	0177 011 ***15	0.00
Principal Plac	e of Business	Mailing Address			ļ			
4502 9 AVE	E	4502 9 AVE E			ļ		TOWARDS.	44.5
TAMPA, FL 3	34208	TAMPA, FL 34208			ļ		500445	3 0
					 	PRIST (#1) GRIM RESIL CO.	N CONE NAIL MEG 1221 CAL	E11(89) 1(186)
2 Pringinal D	lace of Business /	2 Mailing/Addeson	14					
Z. Pilitzipais	lace of business of A E	3. Mailing Address	gts A.	. 5		88108 1111 88111 88111 881	U 0010 11010 HADI 0110 HA	
Suite, Apt.	# # # 10	Suite, Apt. #, etc.		7	†			
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Stat	9 / / ~~	Day & State		<u> </u>	4. FEI Numbe	er		Applied For
Dra	I I I I	Dradento	\sim P		54-209	_	├	Not Applicable
Zio X	Country	Zip . / - O	Country		· · · ·		□ \$8.75 A	dditional
34	308	34208	•		5. Certificate	of \$tatus Desired	Fee Requi	
	6. Name and Address of Current F				7. Name and	Address of New R	legistered Agent	
			Name	Name				
MCKEE, ELIZABETH CPA								
1718 E 7 AVE STE 301				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33605	ļ- 						
			City				FL Zip Ci	ode
						1 1-11-12-1		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egisterea onice d	or register	ed agent, or bot	in, in the State of Fig	orida. I am tamiliar wil	n, and accept
and obligati	ion on registered agent.							
SIGNATURE_								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	iture required	when reinstating)		DATE	
	E NOWIII FEE IS \$150.00	9. Election Campaig Trust Fund Contril			.00 May Be ed to Fees			
After Ma	ay 1, 2005 Fee will be \$550.0	1 TOSE FORG CONTRI	oution.	, Auu	ed to rees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	DP	Delete	TITLE	T			[4 Chang	e
NAME	SHAH, PRAKASH		NAME					
STREET ADDRESS	4502 9 AVE E		STREET ADDRESS	1_	1	/ _		
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NAME	SHAH, NEENA	C) Delete	NAME	1			L1	
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	77 117 11,12 01200	Пън	TITLE	1/2	radicy	1000	Chara	a Addition
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NAME STREET ADDRESS			STREET ADDRESS					
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NAME .	1		NAME	1				
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP			CITY-ST-ZIP					
12. I hereby of	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t	the exemption sta	ated in Se	ction 119.07(3)	i), Florida Statutes.	I further certify that the	e information
of the cor	rporation or the receiver or trustee empo	wered to execute this report a	s required by Ch	apter 607	, Florida Statute	es; and that my nam	e appears in Block 10	or Block 11 if
changed	or on an attachment with an address, w	ith all other like empowered.						
SIGNAT	TIPE: THOUSE				j	1805		
SIGIVAL	UNE: NOV				/_	~n ~		

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR