2004 FOR PROFIT CORPORATION

ANNUAL REPORT										
DOCUMENT # P03000036892							FILED			
1. Entity Name IMPULSE BEVERAGE ENTERPRISES, INC.						"	•			
		1			No. of the last of	1	JUN -3 PM	-		
Principal Plac	e of Business	ş	Mailing Address			TALL	TÉTÁRY UF S AHÁSSFE, FL	IAIL		
2190 NW 89TH PL		t ar :	2190 NW 89TH PL		1756.6.7	anadore, fl	ORIDA			
MIAMI, FL 33172 MIAMI, FL 33172						 	 			
2. Principal Place of Business		ess "	3. Mailing Address							
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.			05252004	Chg-P	CR2E0	034 (10/03)	
City & State			City & State			4. FEI Number 33 10	51848		——————————————————————————————————————	plied For t Applicable
Zip Country		Country	Zip	Zip Count		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
-	6. Name	and Address of Curre	nt Registered Agent		Nema	7. Name and	Address of New Re	egistered /	Agent	
MILLER, HAROLD				Name						
2190 NW 89TH PL MIAMI, FL 33172		}			Street Address (P.O. Box Number	er is Not Acceptable)		
		P			City				Zip Code	
The above		The state of the s	the the second of changing it			d = meet or bo	" 1- the Case of Clo	FL.		
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees										
10.		OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
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NAME		7	<u> </u>	NAM	1E	•			vg-	
STREET ADDRESS CITY-ST-ZIP) ?			EET ADDRESS '- ST-ZIP					
12 Lhoroby	certify that the	information supplied v	with this filing does not qualify for	or the eve	mation stated in Sc	ection 119.07(3)((i), Florida Statutes. I	further cer	tify that the in	formation
indicated of the cor	on this report	rt dr supplemental repor	with this filling does not qualify to rt is true and accurate and that mpowered to execute this report ss, with all other like empowered	my signa n as requi	ture shall have the ired by Chapter 607	same legal effec 7, Florida Statute	of as if made under o es; and that my name	ath; that I a appears in	am an officer n Block 10 or	or director Block 11 if
Changed,	, or on an au	chment with an addres	s, with all other like empowered	1.			1 1	nd.		1
SIGNATURE: V J - 78-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										
		"	JA PAINTED NAME OF SIGNING OFFICER	A ON DINEC	104		Care	L	/ayume Friorie #	410